

Division of Corporations

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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**LLC REGISTERED AGENT CHANGE
ACRE CAPITAL LLC**

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ACRR Capital LLC
2. (a) Principal office address of limited liability company: One North Wacker Drive, 48th Floor
(Note: **MUST BE STREET ADDRESS**) Chicago IL 60606
- (b) Mailing address of limited liability company: One North Wacker Drive, 48th Floor
(Note: **MAY BE POST OFFICE BOX**) Chicago IL 60606
- 2/11/2010 M1000000665
3. Date of filing/registration in Florida 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:	<u>NRAI SERVICES, INC.</u>
Registered Office Address:	<u>515 E. Park Avenue</u> <u>Tallahassee, FL 32301</u>
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:	<u>C T Corporation System</u>
NEW Registered Office Address:	<u>1200 South Pine Island Road</u>
(MUST BE FLORIDA STREET ADDRESS)	<u>Plantation, FL 33324</u>

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Timothy B. Smith
(Signature of a member or authorized representative of a member)

Timothy B. Smith
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has authorized the filing of this change.

By: Jan M. DeJ Assistant Secretary
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (05/08)

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