Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number

: (850)222-1092 : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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4	idress:	idress:	ldress:	ldress:	kiress:	idress:

REGISTERED AGENT CHANGE NEF COMMUNITY INVESTMENTS, INC.

Certificate of Status	0	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$35.00	
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Electronic Filing Menu

Corporate Filing C.COULL

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EXAMINER

COVER LETTER

TO:	Amendment Se Division of Cor	ction porations		
SUBJ	ECT:	nep community inv	•	
		Name of (Corporation	
DOCU	JMENT NUMBE	F0	8000004408	
The en	closed Statement	of Change of Registered Offic	ce/Agent and fee are subm	litted for filling.
		ondence concerning this matte	_	-
		Brica (Cleaves	
		Name of Co	ntazt Person	
		National Equ	nity Fund, Inc.	
		Finn/C	ompany	
		120 S. Riverside	Pleza, 15th Floor	
		Add	1053	
			IL 60606	
		City/State a	nd Zip Code	
		emoore@n	=	-
	E-ma	il address: (to be used for i	uture annual report noti	fication)
For furt	her information c	oncerning this matter, please o	eall;	
	Bri	on Cloaves	312	697-2489
	Name of 0	Contact Person	Area Code & Dayt	ime Telephone Number
Enclose	d is a \$35.00 ched	ak made payable to the Depart		
	7	Astling Address: Amendment Section Division of Corporations	Street Address Amendment S Division of Co	ection
		O. Box 6327	Clifton Building	
	7	allahassee, FL 32314	2661 Executiv Tallahassoo, F	e Center Circle L 32301

FL906 - 97/23/2009 C T System Online

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of I	Illinois	,		
1. The name of					
	office address: 120 S RIVERSIDE PLAZA, FLOOR 15, CHICAGO, IL 6060	16			
3. The mailing a	eddress (if different); 120 S RIVERSIDE PLAZA, FLOOR 15, CHICAGO, IL	60606			
4. Date of incom	poration/qualification: 10/08/2008 Document number:	F08000004408			
	street address of the current registered agent and registered office on file wittnent of State: (If resigned, enter resigned)	th the	•		
	NRAI SERVICES, INC.	_			
	515 E. PARK AVENUE	_			
	TALLAHASSEB, PL 32301	- 			
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered off	ice	SEI MLL	=	
	C T Corporation System	_	<u>₩</u>	MAR	
	n/o C T Corporation System, 1200 South Pine Island Road		25 E	30	•
	P.O. Box: NOT acceptable	• ,	ino inc	PI	į
	Plantstion, Florida 33324	μ		<u>∓</u> ?:	
	ss of its registered office and the street address of the business office of its be identical.			: 20	
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an a board, or the corporation has been notified in writing of the change.	officer so	\triangleright		
	Sing Vieled at typed name and til	- Vice Pro		inf	
l hereby accept l I further agree to of my duties, and document is bein corporation has	he appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and com. I am familiar with and accept the obligation of my position as registered gilled merely to reflect a change in the registered office address, I herebosen notified in writing of this change.	plete performance lagent. Or, if this y confirm that the	!		
By: LUTC	orporation System 3/29/11 Like of Registered Agent				
f signing on beh	alf of an entity: Assistant Secretary Rebects Both		٠,,		
Т ур	ed or Printed Name				

* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department op State Mail to: Division of Corporations, P.O. Box 6327, Tallahasseb, FL 32314 CR2E045 (8/05)