

**F14000003669**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

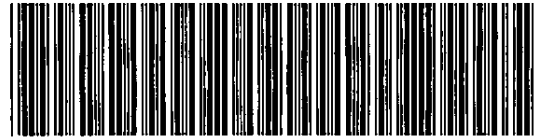
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*James B. Allen gave  
permission to  
add the name of  
the Asst. Sec.  
signing as an  
off. for Corp.  
11/28/16*

Office Use Only



800292325868 ✓

11/17/16--01005--004 \*\*35.00

S. TALLENT

NOV 29 2016

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 NOV 28 PM 4:35

FILED

*R/A-CH*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bloomington Palms Manager, Inc.

Name of Corporation

**DOCUMENT NUMBER:** F14000003669

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James B. Allen

Name of Contact Person

Cameron Law, LLC

Firm/Company

790 Frontage Road, Suite 200

Address

Northfield, IL 60093

City/State and Zip Code

jallen@cameronlaw.net ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James B. Allen

Name of Contact Person

at ( 847 ) 441-4148

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bloomington Palms Manager, Inc.
2. The principal office address: 307 Lexington Ct.  
Schaumburg, IL 60173
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 9/2/14 Document number: F14000003669
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RESIGNED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sean P. Cox, Esq.

156 E. Bloomington Ave


P.O. Box NOT acceptable

Brandon, FL 33511

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

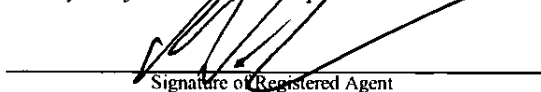
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

James B. Allen  
Assistant Secretary  
\_\_\_\_\_  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
\_\_\_\_\_  
Signature of Registered Agent

11/14/16  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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