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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

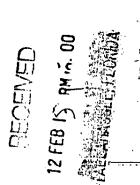
Account Number : FCA000000023 : (850)222-1092 Phone

Fax Number : (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. **

Email Address:

REGISTERED AGENT CHANGE TR AVENUES CORP.



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T. BROWN

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2/15/2012

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CT CORPORATION

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	TR Avenues Co	
	Name of Cor	poration
DOCUMENT NUM	BER:F9300	0000109
The enclosed Stateme	ent of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all corre	espondence concerning this matter to	the following:
	Name of Conta	ct Person
· 		
	Firm/Com	pany
	Addres	S .
	City/State and	Zip Code
Ē	mail address: (to be used for futi	WEONKIAW COM
For further information	n concerning this matter, please call	, !
Name	of Contact Person	at (Area Code & Daytime Telephone Number
Enclosed is a \$35.00 c	heck made payable to the Departme	ent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building

PLAGE - 07/23/2009 C-T System Online.

CR2E045 (8/05)

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of chi	ange is submitted for a co	rporation organiz	607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Stat	te of Illinois	
	the corporation: TR Avenue				
2. The principal office address: 191 N. Wacker Drive, Suite 2500, Chicago, IL 60606					
3. The mailing s					
4. Date of incorp	poration/qualification:	01/08/1993	Document number:	P93000000109	
	l street address of the curr tment of State: (If resigne		nt and registered office on fi	ile with the	
	Corporation Service Com	pany			
	1201 Hays Street			±. 2	
	Tallahassee, FL 32301				
6. The name and (if changed):	street address of the new	registered agent (if changed) and /or registere	ri office tsst	
	C T Corporation System			E Proprieta	
	c/o C T Corporation Syste			3 24 LORIE	
	Pr	P.O. Box NOT at	sepuble		
	Plantation, Florida 33324				
The street addre- as changed will	ss of its registered office be identical.	and the street ad	dress of the business office	of its registered agent,	
Such change was authorized by th	s authorized by resolution board, or the corporation	n duly adopted b on has been notif	y its board of directors or t led in writing of the change	oy an officer so	
			Kim Brou	· •	
40.00	of an officer or denotor		Printed or typed name		
I hereby accept to I further agree to of my duties, and document is bein corparation has	the appointment its regis a contry with the provis I I are familiar with and ag filed merely to reflect been notified in writing	tered agent and a ions of all statute accept the obliga a change in the r of this change.	gree to act in this capacity s relative to the proper and tion of my position as regi egistered office address, I i	l complete performance stered agent. Or, if this hereby confirm that the	
	Amorbition fragem	()	2/14/201	•	
	of or Register of Jen	A	Date	· · · · · · · · · · · · · · · · · · ·	
If signing on beh	alf of an entity;				
Kristin B	olden , Assistant Secretary				
Туз	ped or Printed Name	 			
* * * Filing fee: \$35.00 * * *					
MA CR2E045 (8/05)	Make Checks Pa Il to: Division of Cor	yable to Flori Porations, P.O.	da Department of Stati Box 6327, Tallahassee,	FL 32314	

FL006 - 07/23/2000 C T Svenes Collins