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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Pnone

: (850)222-1092

Fax Number

: (850)878-5368

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

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## REGISTERED AGENT CHANGE TR SAN MARCO CORP.

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CI CORPORATION

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT:	TR San Marco	<u>-</u>	
The same of the sa	Name of Co	prporation	
DOCUMENT NUMBI	F93(	000005812	
The enclosed Statement	of Change of Registered Office	Agent and fee are submitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
<del></del>	Name of Con	tact Person	
	Firm/Cor	npany	
	Addre	253	
<del></del>	City/State and	Zip Code	
	amastic@capric	apital.com	
E-ma	ail address; (to be used for fu	ture annual report notification)	
For further information c	oncerning this matter, please ca	11:	
Name of (	Contact Person	at ( ) Area Code & Daytime Telephone Number	
inclosed is a \$35.00 chec	ck made payable to the Departm	ent of State.	
Ī	<u>Valling Address:</u> Amendment Section	Street Address: Amendment Section	
	Division of Corporations Division of Corporat		
	P.O. Box 6327 Fallabassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

₽AGE 02/03

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FL006 - 07/23/2009 C T System Caline

CT CORPORATION

05/12/5015 13:03 8026336035

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

statement of chang	ovisions of sections 60 ze is submitted for a co o change its registered	rporation organize	d under the laws of the	e State of De	laware	
	corporation: TR San A		•			
2. The principal of	fice address: 875 N. M	ichigan Avenue, Sui	ite 3430, Chicago, II 60	611		
3. The mailing add	ress (if different);	Anthonor to be a second				
4. Date of incorpor	ation/qualification:	12/22/1993	Document number:	F	93000005812	
<ol><li>The name and at Florida Departm</li></ol>	rest address of the cur ent of State: (If resigne	rent registered agen ed, enter resigned)	t and registered office	on file with	the	
<u> T</u>	he Prentice-Hall Corpor	ation System, Inc.				
11	0 North Magnolia Stree	n	•	,		
Ta	illahassee, FL 32301				<b>7</b>	
6. The name and str (if changed):	eet address of the new	registered agent (i	f changed) and /or regi	istered office	2012 FEB SECRETA ALLAHAS	* - J'a
<u>c</u>	T Corporation System	ı			15 SSE	Constant of the last
c/o	C T Corporation System	ın, 1200 South Pine	Island Road	_	PH	In
		P.O. Box NOT:aco	cptable		SE .:	Trans.
Pla	intation, Florida 33324				\$ <b>5</b>	144
The street address of as changed will be	of its registered office identical.	and the street add	ress of the business o	ffice of its re	egistered agent,	
Such change was an authorized by the b	ithorized by resolution	n duly adopted by on has been notifie	its board of directors d in writing of the ch	or by an off	ficer so	
	/2/			3reunling		
•	in officer or director		Printed or typed			
	appointment as regis mply with the provisi m famillar with and t led merch to reflect on notified in writing o	tered agent and age ons of all statutes accept the obligati a change in the reg of livis change.	ree to act in this capt relative to the proper on of my position as t gistered office addres	acity. r and comple registered as s, I hereby c	ste performance gent. Or, if this onfirm that the	
Ву: — ///Х	Option Freem	X /	2/14	/2012		
A Million (and	of Bearing Ages		Dute			
If signing on behalf	of an entity:					
	n , Assistant Secretary					
Typod o	r Printed Name	RILING FEE. S	35 AN + + +			

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

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