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To:

Division of Corporations

Fax Number : (850)617-6380

Prom:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850) 222-1092 : (850)878-\$368

**Enter the email address for this business entity to be used for future

Email Address:

REGISTERED AGENT CHANGE COMMUNITY SYSTEMS, INC.

annual report mailings. Enter only one email address please.**

Certificate of Status Certified Copy 0 $0\bar{3}$ Page Count Estimated Charge \$35.00

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COVER LETTER

10;	Amendment Section Division of Corporations			
SUBJ	JECT:COMMUNITY SYSTEMS, INC.	·		
	Name of C	orporation		
DOC	UMENT NUMBER:			
The e	inclosed Statement of Change of Registered Office	c/Agent and fee are submitted for filing.		
Please	e return all correspondence concerning this matte	r to the following:		
		To the second se		
	Name of Co	ntact Person		
	Firm/Co	AMERICAN STATE OF THE STATE OF		
	7.1111500	wibert		
	Add	1638		
	City/State and Zip Code			
	E-mail address: (to be used for for			
	n-man address: (to be used for it	iture annuai report nonication)		
For flu	rther information concerning this matter, please o	eall:		
	Name of Contact Person	at () Area Code & Daytime Telephone Number		
		•		
Enclos	ed is a \$35.00 check made payable to the Depart	ment of State.		
	<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

CR2R045 (03/12)

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

statement of c	hange is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes oration organized under the laws of the State of Illinois	.
		fice or registered agent, or both, in the State of Florida.	
1. The name o	f the corporation: COMMUNI	ry systems, inc.	
2. The princip	al office address: 2 N. RIVERS	BIDE PLAZA, SUITE 800, CHICAGO, IL 60606	
3. The mailing	address (if different): 2 N. RI	VERSIDE PLAZA, SUITE 800, CHICAGO, IL 60606	· · · · · · · · · · · · · · · · · · ·
4. Date of inco	rporation/qualification: 07/18	7/1994 Document number: F94000003742	
	nd street address of the curren artment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)	
	CORPORATION SERVICE COMPANY		(7 K)
1201 HAYS STREET		, i	SECRETAGE
	TALLAHASSEE, FL 32301		
6. The name at (if changed)		gistered agent (if changed) and /or registered office	OF SING
	C T Corporation System		書
	c/o C T Corporation System,	1200 South Pine Island Road	T2>
		P.O. Box NOT acceptable	
	Plantation, Florida 33324		
The street address changed will	ress of its registered office an Il be identical.	d the street address of the business office of its registe	red agent,
Such change wanthorized by	as authorized by resolution d	luly adopted by its board of directors or by an officer s has been notified in writing of the change.	0 .
Shop	Li blelos	Sharlin Aldao, Vice President	
	ure at in other of arector t the appointment as registers to comply with the provision f my duiles, and I am familiar is document is being filed mu that the corporation has bee	ed agent and agree to act in this capacity, so of all statutes relative to the proper and complete r with and accept the obligation of my position as regiserely to reflect a change in the registered office address in notified in writing of this change.	stered s, I
By: KAN	Corestanting System	12/20/2012	
Sig	mature of Registered Agent	Date	•
	shalf of an entity:		
	Assistant Secretary		
. Т	yped or Printed Name * * * }	"LING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314
CRZE045 (03/12)