

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

Prom:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

Email Address:

REGISTERED AGENT CHANGE MHC-QRS DEANZA, INC.

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Certified Copy	0
Page Count	03
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T. LEWIS

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CT CORPORATION

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12/27/2012 13:20

12/27/2012

COVER LETTER

TO: Amendment Section Division of Corporations	•
SUBJECT: MHC-QRS DBANZA, INC.	
Name of Cor	poration
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter t	
•	
Name of Conto	At D
Pante of Count	not reison
Firm/Con	pany
	- •
Addre	SS
City/State and	Zip Code
E-mail address: (to be used for fut	ure annual report notification)
For further information concerning this matter, please cal	11:
,	at ()
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departme	ent of State.
No. 111	64 4 4 13
Msllipg Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassec, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

CR2E045 (03/12)

FL006 - 10/25/2012 Wolters Khumer On Man

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CT CORPORATION

15/57/2012 13:20 8656336092

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

statement of change is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Illinois registered agent, or both, in the State of Florida.
	- •
1. The name of the corporation: MHC-QRS DEANZ	E PLAZA STUTE ROO CHICAGO II. 60606
2. The principal office address: TWO N. RIVERSID	
3. The mailing address (if different): TWO N. RIVE	RSIDE PLAZA, SUITE 800, CHICAGO, IL 60606
4. Date of incorporation/qualification: 05/16/1995	Document number: F95000002383
5. The name and street address of the current register Florida Department of State: (If resigned, enter re	red agent and registered office on file with the signed)
CORPORATION SERVICE COMPA	
1201 HAYS STREET	TALLAH TALLAH
Tallahasshe, Fl 32301	AH Z
6. The name and street address of the new registered (if changed):	d agent (if changed) and /or registered office
C T Corporation System	
c/o C T Corporation System, 1200 So	uth Pine Island Road 57
	(NOT sconptable
Plantation, Florida 33324	
The street address of its registered office and the stas changed will be identical.	reet address of the business office of its registered agent,
Such change was authorized by resolution duly adeauthorized by the poard, or the corporation has been	pted by its board of directors or by an officer so a notified in writing of the change.
Sharli Aldos	Sharlin Aldao, Vice President
Stenature of an utiker or director	Printed or typed haline and title
I hereby accept the appointment as registered agen I further agree to comply with the provisions of all performance of my dulies, and I am familiar with a agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notifi	t and agree to act in this capacity, statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I ed in writing of this change.
By: C. T. Companies of Street	12/20/2012
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Kristin Bolden, Assistant Secretary	
Typed or Printed Name	
	FEE: \$35.00 * * *
Make Checks Payable to I Mail to; Division of Corporations CR2E045 (03/12)	Florida Department of State 5, P.O. Box 6327, Tallahassee, FL 32314

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