

F950000003/51

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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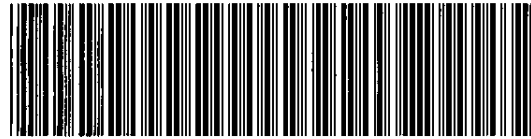
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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724-8-4

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mesirow Financial Investment Management, Inc.
Name of Corporation

DOCUMENT NUMBER: F95000003151

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:

Brian Fons

Name of Contact Person

Corporate Creations Network Inc
Firm/Company

1443 W Belmont Ave
Address

Chicago, IL 60657
City/State and Zip Code

brian.fons@corpcreations.com

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

For further information concerning this matter, please call:

Brian Fons

Name of Contact Person

at (773) 935-3920
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: **Mesirow Financial Investment Management, Inc.**
2. The principal office address: **353 N. Clark Street
Chicago, IL 60654**
3. The mailing address (if different): _____

4. Date of incorporation/qualification: **06/29/1995** Document number: **F95000003151**

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)

**C T Corporation System
1200 South Pine Island Road
Plantation FL 33324**

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TALLAHASSEE, FLORIDA

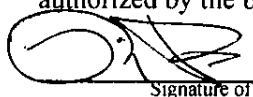
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

**Corporate Creations Network Inc.
11380 Prosperity Farms Road # 221E
Palm Beach Gardens, FL 33410**


P.O. Box NOT acceptable

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.

 By **Brian Fox** Attorney in fact for **Dennis Black, Secretary**
Signature of an officer or director

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

4/11/11
Date

If signing on behalf of an entity:

Brian Fox Vice President
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)