

Division of Corporations Electronic Filing Cover Sheet

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Tor

Division of Corporations

Fax Number

: (850)617-6380

From:

Email Address:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (B50)222-1092

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## REGISTERED AGENT CHANGE MHC TT, INC.

Certificate of Status	0
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Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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15/52/5015 11:44

CT CORPORATION

## **COVER LETTER**

TO: Amendr Division	nent Section n of Corporations					
SUBJECT: MH	C TT, INC.					
	Name of Co.	poration				
DOCUMENT N	NUMBER:					
The enclosed Str	atement of Change of Registered Office/	Agent and fee are submitted for filing.				
Please return all	correspondence concerning this matter	to the following:				
	Name of Cont.	act Person				
,						
	Firm/Company					
•	Addre	35				
	City/State and	Zip Code				
	E-mail address: (to be used for fut	ure annual report notification)				
For further inform	nation concerning this matter, please cal	1:				
		at ( )				
N	ame of Contact Person	at () Area Code & Daytime Telephone Number				
Enclosed is a \$35	.00 check made payable to the Departme	ent of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
CR2E045 (03/12)						

FL006 - 10/2.1/2012 Walters Kluwer Online

12/27/2012 11:44 8656336092

CT CORPORATION

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

statement of c	hange is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, this varized under the laws of the State of Delaware istered agent, or both, in the State of Florida.		
	f the corporation: MHC TT, INC.			
2. The principal	al office address: TWO N. RIVERSIDE PI	LAZA, SUITE 800, CHICAGO, IL 60606		
3. The mailing	address (if different): TWO N. RIVERSI	DE PLAZA, SUITE 800, CHICAGO, IL 60606		
4. Date of inco	rporation/qualification: 11/27/1996	Document number: F96000006251		
5. The name ar		l agent and registered office on file with		
	CORPORATION SERVICE COMPANY			
	1201 HAYS STREET			
	TALLAHASSEE, FL 32301	E.F.S		
6. The name an (if changed):		ent (if changed) and /or registered office		
	C T Corporation System			
	c/o C T Corporation System, 1200 South	Pine Island Road		
	P.O. Box NO Plantation, Florida 33324	A ecceptable		
The street address changed will	ess of its registered office and the street	t address of the business office of its registered agent,		
		d by its board of directors or by an officer so otified in writing of the change.		
Show	Li Aldos	Sharlin Aldao, Vice President		
6	the appointment as registered agent an to comply with the provisions of all stat my dulies, and i am familiar with and a is document is being filed merely to reli that the corporadon has been notified i	Printed or typed name and table and agree to act in this capacity, tutes relative to the proper and complete accept the obligation of my position as registered tect a change in the registered office address, I am writing of this change.		
By: KARA	oreination Statem	12/20/2012		
_	name of Registered Agent	Date		
Cristin Bolden, A	ssistant Secretary			
7	ped or Printed Name			
	* * * FILING FE			
3.7.	MAKE CHECKS PAYABLE TO FLOR	RIDA DEPARTMENT OF STATE		

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CR2E045 (03/12)