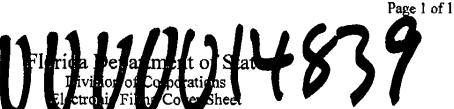
Division of Corporations



ote: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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 email address please.\*\*

Compa 4 1	Address:			
Emall	Address:			

## LLC REGISTERED AGENT CHANGE COACHWOOD COLONY MHP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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		COVER LETTER					
TO: Regis	stration Section	·					
	livision of Corporations						
		\$00 CM					
SUBJECT:	COACHWOOD COLONY MHF	P. LLC of Limited Liability Company	1				
	Name	of Limited Liability Company					
Dear Sir or M	Madam:	Fried Co.	***				
The enclosed	Rogistered Agent/Registere	d Office Change and fce(s) are submitted for filing.					
Please return	all correspondence concerni	ng this matter to the following:					
	Name of Person		_				
		·					
	Firm/Company	A-C					
			-				
	Address		•				
<del></del>	City/State and Zip Code						
E-mail addr	ess: (to be used for future annual repor	r notification)					
For further in	formation concerning this ma	atter, please call:					
		at ()					
	Name of Person	Area Code & Daytime Telephone Number	•				
6770 T31	TT/COTTED ANNUES.	MATI INC ADDROS.	:				
	ET/COURIER ADDRESS:	MAILING ADDRESS:	į.				
	ation Section	Registration Section	<del>-</del>				
	n of Corporations	Division of Corporations P.O. Box 6327					
	Building	Tallahassee, Florida 32314	β Γ				
Z661 Bi Taliaha	xecutive Center Circle ssee, Florida 32301	I anamisace, Piolium 32314	<u> </u>				
Enclos	ed is a check for the follow	ing amount:					
□ \$25	Filing Fee	□ \$55 Filing Fee & Certified Copy	į				
NHS18 (5/08)			1				

8656336092

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: COACHWOOD C	OLONY MHP, LLC					
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	TWO RIVERSIDE PLAZA, SUITE 8005 CHICAGO, IL 60606					
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	THE CO					
12/01/2000	L00000014839					
3. Date of filling/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:					
Registered Agent:	CORPORATION SERVICE COMPANY					
Registered Office Address:	1201 HAYS STREET TALLAHASSER, FL 32301-2525					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:					
NEW Registered Agent:	C T Corporation System					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road					
UNIO DE LLORIDA SIREDI ADDRESS	Plantation ,FL 33324					
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of					
Sharlin Aldao						
Printed or typed name of signee  I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of an familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby company that the lipited liability company of CT Corporation sympty  By:  CT Corporation sympty	ree to act in this capacity. I further agree to per and complete performance of my duties, then as registered agent as provided for in the registered office has been notified in writing of this change.					
	stant Secretary					
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00						

INH\$18 (05/08)