## L0400058656



(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate	es of Status	
Special Instructions to Filing Officer:			
		l l	

Office Use Only



100117742871

02/19/08--01046--002 \*\*25.00

DIVISION OF CORPORATIONS

08 FEB 19 PM 3: 22

B. Tardock FEB 20 2008

## 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. The name of the limited liability company is: Michigan Place Devel	opment Group,
2. The mailing address of the limited liability company is: 3252 S. Ca	inal St
Chicago, IL.	60616
7 15 2004 L0400005	2656
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the Florida Department of State:  Joseph H. Ganguzza, Esq.  150 W. Flaglek St., Suite #210  Miami, FL. 33130  City, State and Zip	ne records of the  08 FEB 1
6. The name and address of the new registered agent and/or office:	S P
Joseph H. Ganguzza, Esq.  1 S. E. 3rd Name Ave., Suite # 2150  Florida street address (P.O. Box NOT acceptable)  Miami, FL 33131	PORATIONS
City, State and Zip  If the limited liability company is not organized under the laws of the State of Floric confirmed that after the change or changes are made, the Florida street address of the and the business office of the registered agent will be identical. Or, in the case of a liability company, it is hereby confirmed that the change(s) was/were authorized by of the members of the limited liability company or as otherwise provided in the art or the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)  (Printed or typed name of signee)	he registered office a Florida limited y an affirmative vote ticles of organization
I hereby accept the appointment as registered agent and agree to act in this capac comple with the provisions of all statutes relative to the proper and complete performed I am familiar with and accept the obligations of my position as registered agen Chapter 548, F.S. Or, if this document is being filed to merely reflect a change in addlers. Thereby confirm that the limited liability company has been notified in wr (Signific of Registered Agent)  Division of Corporations, P.O. Box 6327, Tallahassee, FL 32  FILING FEE: \$25.00	