

L050000039793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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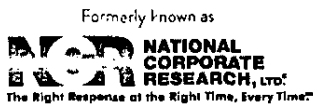
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115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: June 02, 2017

Account#: I200000000088

Name: Michelle Walker

Reference #: C019107

Entity Name: CARROLLWOOD COVE, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Please include a copy of cover letter with returned evidence. Thanks!

Authorized Amount: \$ 25

Please note: If authorized amount is incorrect,  
please call Michelle at 518-213-0737.

Signature: Michelle Walker

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

*Pursuant to the provisions of sections 605.0114, 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: CARROLLWOOD COVE, LLC

2. (a) Principal office address of limited liability company: 1247 Waukegan Rd, Suite 200  
(Note: **MUST BE STREET ADDRESS**)

Glenview, IL 60025

(b) Mailing address of limited liability company: 1247 Waukegan Rd, Suite 200  
(Note: **MAY BE POST OFFICE BOX**)

Glenview, IL 60025

April 22, 2005 L05000039793

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: C T CORPORATION SYSTEM

Registered Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: COGENCY GLOBAL INC.

NEW Registered Office Address: 115 North Calhoun St., Suite  
(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Alan Pollack  
Signature of a member or authorized representative of a member

Alan Pollack

Printed or typed name of signer

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Sean Honan  
Signature of Registered Agent

Sean Honan, Assistant Secretary  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00