	1012000
(Requestor's Name) (Address) (Address)	800235966148
(City/State/Zip/Phone #)	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	DEPARTMENT OF STATE
L. SELLERS	FE 12 JUL 17 FH 12: 87 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY

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	ACCOUNT NO.	:	12000000195		
	REFERENCE	:	272501	7891691	
	AUTHORIZATION	:	Grand	enan	
	COST LIMIT	:	\$ 425,00	~~~~	
ORDER DATE :	July 17, 2012				
ORDER TIME :	10:55 AM				
ORDER NO. :	272501-022				
CUSTOMER NO:	7891691				
				. 	

CHANGE OF AGENT

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NAME: SERVCORP LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER:

*'r'

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.

L05000060261

4. Document number

NRAI Services, Inc.

515 E. Park Avenue

Tallahassee, FL 32301

1	Name of	the limited	liability	bility company: _	SERVCORP LLC
•••	rianne or	the monitou	maonity	oompany.	

- 2. (a) Principal office address of limited liability company: 300 N Martingale Road (Note: MUST BE STREET ADDRESS) Schaumburg, IL 60173
 - (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

06/17/2005

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3. Date of filing/registration in Florida

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

Registered Agent:

Registered Office Address:

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

NEW Registered Agent:	Corporation Service Company			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street			
	Tallahassee FI. 32301			

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 timited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Maureen Cathell, Authorized Person (Printed or typed name of signce)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further and registered agent and agree to act in this capacity. I further and registered agent with the provisions of all statutes relative to the proper and complete performance of the duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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.

Bv: 🦕

By: (Signature of Registered Agent) Corporation Service Company Sylvia Queppet, Assistant Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00