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(Address)				
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: March 19, 2014

Order#: 058484/009

Re: TRACY FAMILY-NAPLES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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. Na	me of the limited liability company: TRACY FAM	ILY-NAPLES, LLC	<u></u>	
	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)			
		Springfield, IL 62701	2 90	
<i>(</i> ኬ)	Mailing address of limited liability company:	205 South Fifth Street	AA U	
(Note: MAY BE POST OFFICE BOX)		Suite 700	2 72	
		Springfield, IL 62701		
07/28/	2006	106000075023		
3 Da	te of filing/registration in Florida	4. Document number		
J. 17a	ic of Himprogramation in Florida	4. Document number	- 1	
5. (a)	Registered Agent and Registered Office shown of	on the records of the Florida D	ept. of State:	
	Registered Agent:	C T Corporation System		
D 11 1000 411	D 11 1000 A11	1200 South Pine Island Roa	ad	
	Registered Office Address:	Plantation, FL 33324		
	NEW Registered Agent:	Corporation Service Company		
	NEWY Designand Office Address.	1201 Hays Street		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	MODI DD I DOMDII BIMBDI INDDICOSI	Tallahassee	FL 32301	
confirmand the liability the method the op	limited liability company is not organized under the med that after the change or changes are made, the e business office of the registered agent will be ideay company, it is hereby confirmed that the change embers of the limited liability company or as other erating agreement of the limited liability company	Florida street address of the rentical. Or, in the case of a Floor (s) was/were authorized by an wise provided in the articles o	egistered office	
Printed	eph P. Tracy, Manager or typed name of signee by accept the appointment as registered agent and y with the provisions of all statutes relative to the	l agree to act in this capacity. proper and complete performs	I further agree to ance of my duties, s provided for in	
	y with the provisions of all statutes relative to the im familiar with and accept the obligations of my er 605, F.S. Or, if this document is being filed to its, I hereby confirm that the limited liability composite of Registered Agent Corporation Service Company			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (12/13)