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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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EXAMINER

COVER LETTER

Division of Corporations			
	B Montego Pinte Way, LLC	····	
Name o	of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing	.	
Please return all correspondence concerni	ing this matter to the following:		
Burt W. Engelberg Name of Person			
Engelberg & Smith Firm/Company			
20 North Clark Street, Suite	3200 A	10 NOV 24	
Chicago, IL 60602 City/State and Zip Code	SEE, FLORIDA	~e"	
bengelberg@sbcglobal.r E-mail address: (to be used for future annual repo	net		
For further information concerning this ma	atter, please call:		
Burt W. Engelberg	at (312) 580-1236		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the follow	ving amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

TO: Registration Section

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: 4713 N	Montego Pointe Way, LLC
2. (a) Principal office address of limited liability co	ompany: 815 Oakwood Wilmette, IL 60091
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Bonita Springs, FL 34135
December 11, 2006 3. Date of filing/registration in Florida	L06000118075 4. Document number
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:
Registered Agent:	Corporation Service Company
Registered Office Address:	Tallahassee, FL 32301
(b) Enter name of NEW Registered Agent and/o	or NEW Registered Office address:
NEW Registered Agent:	Paul Tyska
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	Bonita Springs ,FL 34135
If the limited liability company is not organized under that after the change or changes are made, the Florida	er the laws of the State of Florida, it is hereby confirmed a 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.

(Signature of member or authorized representative of a member)

Paul Tyska (Printed or typed name of signec)

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 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.

(Signature of Reeffered Agent)