Florida Department of State Division of Corporations

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To:

Division of Corporations .

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-8368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE ALTAMONTE PARTNERS, LLC

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6/2/2011

COVER LETTER

TO: Registration Section

Division of t	Corporations				
SUBJECT:	AH	amor	nte Pa	rtners	, LLC
	Name of				
Dear Sir or Madam:					
The enclosed Regist	ered Agent/Registered	Office	Chang	e and fe	ee(s) are submitted for filing.
Please return all corr	espondence concernin	g this r	natter t	o the fo	llowing:
г	ebra Millingwisch				•
<u>,</u>	Name of Person	. ,			
<u>.</u> Qı	arles & Brady LLP				
	Firm/Company			_	•
300 N. Li	Salle Street, Suite 4	1000	·		
	Profession of the Profession o				
	hicago, IL 60664 ty/State and Zip Code				÷
Ç.	yraque ma zip cooc				
E-mail address: (to be	used for future annual report (notificuti	on)	_	
for further information	on concerning this mat	ter, ple	ase call	l:	
Debra M	illinowisch	at (312	_}.	715-5000
Name of	Person		<i>"</i> -	Area Cod	e & Daytime Telephone Number
	RIER ADDRESS:	MAILING ADDRESS:			
Registration 5ex Division of Cor		Registration Section Division of Corporations			
Clifton Building		P.O. Box 6327			
2661 Executive Tallahassee, Flo		Tallahassee, Florida 32314			
Enclosed is a	check for the followin	ig amo	unț:		
\$25 Filing F	ce		55	5 Filing	g Fee & Certified Copy
					•

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:

Altamonte Partners, LLC

2. (a) Principal office address of limited liability compan	740 N. Rush Street, Suite 400				
(Note: MUST BE STREET ADDRESS)	Chicago, IL 60611				
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
2/15/2007	L07000017686				
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:	John Apastolou				
Registered Office Address:	7796 Irlo Bronson Highway Kissimmee, FL 34747				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	CT Corporation System				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 S. Pine Island Road				
	Plantation FL 33324				
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. Signature of a member or authorized representative of a member					
Printed or typed name of rignes I hereby accept the appointment as registered agent and a	gree to got in this capacity. I further agree to				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pricand I am familiar with and accept the obligations of my po. Chapter 608, F.S. Or, if this document is being filed to men address, if hereby confirm that the little disability company	wer and complete performance of my dulies, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.				

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

Assistant Secretary
Relacce Barth

INHS18 (05/08)

SECRETARY OF SANIONS