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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	I2000000195

REFERENCE : 656726 7393462

AUTHORIZATION Symbolic Man

COST LIMIT : U\$\25.00

ORDER DATE: June 4, 2015

ORDER TIME : 3:27 PM

ORDER NO. : 656726-010

CUSTOMER NO: 7393462

CHANGE OF AGENT

NAME: ADAGIO APARTMENTS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2 (0)	. Name of the limited liability company: ADAGIO APART (a) 190 S LASALLE ST			(b) 190 S LASALLE ST				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(b) 190 S LASALLE ST Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	SUITE 510			SUITE 510				
	CHICAGO, IL	60603	-	CHICAGO,	IL 60603	-		
	08/24/2007		_	L070000869	311			
3.	Date of filing/registration in	Florida	4.	D	ocument number			
5. (a)	PHYLLIS KRIEGER							
• • •	Registered Agent and Registered Office shows	on the records of the	e Florida	Dept. of State:		4		
	16206 HAMPTON TRACE COURT					<u> </u>	2015	
Registered Office Address (MUST BE FLORIDA STREET AD.						도움		
						22		1
						SE TE	2	
	TAMPA	, FL	33647			뜻유		
(I-)	Corporation Service Company					<u> </u>		V
(b)	Enter name of NEW Registered Agent and/or	NEW Registered O	ffice add	ress:		<u> </u>	Š	
				 -		P 111	43	
	1201 Hays Street							
	NEW Registered Office Address:	****						
	Tallahassee	Ei	32301					
								
If the li	mited liability company is not organizange or changes are made, the Florida s	ed under the laws	of the	State of Florid	la, it is hereby confi	irmed that a	fter	
agent w	ill be identical. Or, in the case of a FI	orida limited liab	ility con	npany, it is he	ereby confirmed tha	it the chang	c(s)	u
was/we the artis	re authorized by an affirmative vote of cles of organization or the operating ag	the members of the live	the (imi mited li	ted liability of	ompany or as others	wise provid	ed in	
	2-1211 -	greenters of the m		S. Richman	my.			
Signat	ure of a member or authorized representative of	f a member	Gary		inted or typed name of s	signee		_
provisi the obli to mere	by accept the appointment as registered ons of all statutes relative to the prope gations of my position as registered as ly reflect of change in the registered of I in writing of this change.	d agent and agree r and complete pe gent as provided j fice address, I he	e to act erforma for in C reby co	in this capaci nce of my dut hapter 605, F nfirm that the	ty. I further agree t ies, and I am famili .S. Or, if this docu limited liability coi	o comply w ar with and ment is bein mpany has i	ith the accep g filed been	e ot d
	1.010			Lydia	Cohen			
Signatu	of Registered Agent Corporation Servi	ce.Company I	BY:	Asst. Vic	e President			
	/ Division of Corpor	• •	x 6327	Tallahassec	e, FL 32314			

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