Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (050)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (650)878-5368

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

LLC REGISTERED AGENT CHANGE FL CAPITAL HOLDINGS NORTH LAKE COVE I, L.L.C.

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K. SALY EXAMINER MAR 3 0 2011

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Help

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FLORIDA CAPITAL HOLDINGS OVIEDO I, L.L.C.	
Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Erica Chaves Name of Person	
Name of Person	
8.1 <i>c.</i>	
National Equity Find, Tue	
National Equity Find, Tue. Physicompany Fund, Tue. 120 S. Sinecside Diaza, 15th Fl. Address	
^	
(licago; TC 60606 City/State and Zip Code	
City/State and Zip Code	
E-mail address: (No be used for firture annual regard notification)	
•	
For further information concerning this matter, please call:	
Enica Clearne #(3/2)697-2489	
Enica Clause at (3/2) 697-2489 Name of Person Area Code & Daytime Telephone Number	_
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Plorida 32314 Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
□ \$25 Filing Pec □ \$55 Filing Fec & Certified Copy	
INHS18 (1/08)	

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: FLORIDA CAPITAL HOLDINGS OVIEDO I, L.L.C. ATTN: GENERAL COUNSEL 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 120 S. RIVERSIDE PLAZA, 15TH PLOOR CHICAGO IL 60606 ATTN: GENERAL COUNSEL (b) Mailing address of limited liability company: 120 S. RIVERSIDE PLAZA, 15TH PLOOR (Note: MAY BE POST OFFICE BOX) CHICAGO, IL 606D6 09/12/2007 L07000093254 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: NRAI SERVICES, INC. Registered Agent: 515 E. PARK AVENUE Registered Office Address: TALLAHASSEE FL 32301 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: C T Corporation System 1200 South Pine Island Road NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 opportunity of the limited liability company. Signature of a member or authorized representative of a member Metthew Huber, Authorized Person

Printed or typed name of algree

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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in chapter out, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Rebects Parts

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

INHS18 (05/08)

FLOIS - 11/16/2010 CT System Distinct