

Help

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.

1. N	ame of the limited liability company:		
2. (a)	897 E. Venice Ave.	(b)	26125 N. Riverwoods Blvd.
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Suite 500
	Venice, FL 34285	_	Mettawa, IL 60045
	04/07/2008	I	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT CORPORATION SYSTEM		
J. (1)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State;
	1200 SOUTH PINE ISLAND ROAD		· · · ·
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>)	ADDRESS)	
	PLANTATION, FL	33324	
(b)	Enter name of NEW Registered Agent and/or NEW Registered		
	Enter name of <u>NEW Reputered Agent</u> and/or <u>NEW Reputered</u>	Qince add	
	United Agent Group Inc.		
	NEW Registered Office Address:		
	\$01 US Highway 1		
	North Paim Beach , FL	33408	
change agent was/w the art Signe I here provis the obi to mer	inited liability company is not organized under the law cor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ure of a member or authorized representative of a member by accept the appointment as registered agent and agri- tions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a biange in the registered office address, I had a in writing of this change.	registered ability com of the limit limited lia Danie ee to act in	office and the business office of the registered upany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. Ile Gossman - Attorney-in-Fact Printed or typed name of signee with the connection of the printed of the second

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Signature of Registered Agent

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Danielle Gossman, Special Secretary

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