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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE SECRETARY OF CORPORATIONS

J. BRYAN

JAN -7 2009

EXAMINER

COVER LETTER

| TÓ: | Registration Section Division of Corporations | | |
|---------------|---|--|---|
| - | | | |
| CUR | JECT: Mogilevsky Law Firm, I | P.A. | |
| зора | | e of Limited Liability Company) | <u> </u> |
| | | | |
| Dear | Sir or Madam: | | |
| The e | enclosed Registered Agent/Registered | Office Change and fee(s) are submitted for filing. | |
| Pleas | e return all correspondence concernin | g this matter to the following: | |
| Jane i | Mogilevsky | | |
| <u>Jano</u> i | (Name of Person) | | OX BIVE |
| | | | WISION OF CORPORATION OF JAN -6 PH 3: 5 |
| Mogile | evsky Law Firm, P.A. | | 1 % |
| | (Firm/Company) | | 7 SA |
| .51 | , , , | | T OR |
| 5 Rev | vere Dr., Suite 200 | | * 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
| | (Address) | | ₩ 35 |
| | • . | | |
| North | ibroak, IL 60062 | | |
| | (City/State and Zip Code) | | |
| | | | |
| For fi | urther information concerning this ma | tter, please call: | |
| | | | |
| Jane | Mogilevsky | at (847) <u>509.5999</u> | - - |
| | (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 2661 Executive Center Circle | P.O. Box 6327 Tallahassee, Florida 32314 | |
| | Tallahassee, Florida 32301 | | |
| | Enclosed is a check for the follow | ing amount: | |
| | 2 \$25 Filing Fee | \$55 Filing 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.

| in the State of Florida. | |
|--|--|
| 1. Name of the limited liability company: Mogilevsky | / Law Firm, P.A. |
| 2. (a) Principal office address of limited liability compar Just Sent e-mail to change it to this address: | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 3386 COMMERCIAL AVE NORTHBROOK IL 60062 |
| 5.5.08 | L08000044425 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown or | n the records of the Florida Dept. of States |
| Registered Agent: | Jane Mogilevsky |
| Registered Office Address: | 14022 Village Pond Dr. Ft. Myers, FL 33908 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : | EW Registered Office address: Jane Mogilevsky |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1191 E. Newport Center Drive Suite 207 Deerfield Beach. ■,FL 33442 |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member) | eet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited |
| (Signature of a member of gamorized representative of a member) | |
| Jane Mogilevsky (Printed or typed name of signee) | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified. | agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ed in writing of this change. |
| (Signature of Registered Agent) | |
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00