L08000102600

(Requestor's Name)					
(Address)					
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(Cit	y/State/Zip/Phone	#)			
PICK-UP		MAIL			
(Bu	siness Entity Nam	ne)			
(Do	cument Number)				
Certified Copies	Certificates	of Status			
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	: I200000019	5
	REFERENCE	1 11 12 1	7393462
	AUTHORIZATION	Sorel elense	en
	COST LIMIT		
ORDER DATE :	June 4, 2015		
ORDER TIME :	3:28 PM		
ORDER NO. :	656726-015		
CUSTOMER NO:	7393462		

CHANGE OF AGENT

NAME: PL APARTMENTS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

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.

1. N	lame of the limited liability corr	ipany: <u>PL APARTME</u>	NTS LLC		
2. (a)	190 S LASALLE ST		(t) <u>190 S I</u>	ASALLE ST
	Principal office address of li (Note: MUST BE ST			1	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
	SUITE 510			SUITE 5	10
	CHICAGO, IL	60603		CHICAG	O, IL 60603
_	11/03/2008	······	- <u>.</u>	L0800010	
3.	Date of filing/registra	ition in Florida	4.		Document number
5. (a	·				_
	Registered Agent and Registered Of	fice shown on the records of	f the Florid	a Dept. of State	" AS IS
	16206 HAMPTON TRACE (OURT		<u> </u>	
	Registered Office Address (MUS	<u>T BE FLORIDA STREET</u>	ADDRESS	2	HASS
	ТАМРА	, FI	L <u>33647</u>	7	AM 9: 30
(1)	Companying Contract Company				DRAT 3
(b)	Corporation Service Compar Enter name of <u>NEW Registered Ag</u>		d Office ad	dress:	
					r -
	1201 Hays Street				
	NEW Registered Office Address:				-
	Tallahassee		20204		
		, FI	<u>. 32301</u>		
the ch agent was/w	ange or changes are made, the F will be identical. Or, in the cas	Florida street address of e of a Florida limited li e vote of the members (f the regi: iability co of the lim	stered office ompany, it is nited liability	orida, it is hereby confirmed that after and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
	HM		Gar	y S. Richma	
-	ature of a member or authorized repres				Printed or typed name of signce
I here provis the ob to mei notifie	eby accept the appointment as re- ions of all statutes relative to the ligations of my position as regis- rely reflect a change in the regis- ad in writing of this change.	zgistered agent and ag le proper and complete stered agent as provide stered office address, 1	ree to act e perform ed for in (hereby co	t in this capa ance of my a Chapter 605 onfirm that t	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
\mathcal{C}	Indie			Lydia Co	bhen
Signal	are of Registered Agent Corporatio	n Service Company	BY:	Asst. Vice P	resident
V	, Division of	Corporations• P.O. FILING F			see, FL 32314

INHS18 (2/14)

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