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From:	Division of Corporations Fax Number : (850)617-6383 Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	1 · · · · · · · · · · · · · · · · · · ·	2017 OCT 10 AM 9: 2
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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 Na	ime of the limited liability company: EVERG	SLADE PR	OPERHES	LLC		
2. (a)	1231 N ASHLAND AVE	_(b) 123	(b) 1231 N ASHLAND AVE			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (01	Mailing address of li- (Note: MAY BU)	imited liabilat	•	
	APT 3W	APT	APT 3W			
	CHICAGO, IL 60622	CHIC	CAGO, IL 60622			
	02/26/2010	L100	L10000021779			
3.	Date of filing/registration in Florida	4.	Document numb	bei	,. ,	
5. (a)	UNITED STATES CORPORATION AGEN	ITS, INC.				
	Registered Agent and Registered Office shown on the records	of the Florida Dept. o	f State.			
	13302 WINDING OAKS COURT			ישני ויאני	<u>ي</u>	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	••••	2017		
	SUITE A					
	TAMPA	_{FL} 33612			_ 	
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address			, , <u>.</u>	₽ 0:23	
	3030 N. Rocky Point Dr.		-			
	NEW Registered Office Address.					
	STE 150A					
	Tampa	FL. 33607				
the cha agent was/w the art	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	laws of the State of the registered of flability company	office and the busines v, it is hereby confirm ability company or as y company.	ss office of ned that the cotherwise	the registered e change(s) provided in	
_	ture of a member of authorized representative of a member		Printed or typed no			
provis the ob- to mer nogific	by accept the appointment as registered agent and sons of all statutes relative to the proper and complications of my position as registered agent as proved vetlect a change in the registered office address discribing of this change. Bill Havre - Assist	agree to act in this etc performance o ided for in Chapte , I hereby confirm ant Secretary	s capacity. I further of f my duties, and I am r 605, F.S. Or, if this that the limited liahi	agree to co Familiar w 8 document Hity compa	mply with the rith and accept is being filed by has been	
Signati	ne of Registered Agent					