

| (Re | questor's Name) | |
|-------------------------|--------------------|--------------|
| (Ad | dress) | - |
| (Ad | dress) | |
| | | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Dc | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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600273367876

SUFFICIENCY OF FILING

DEPARTMENT OF STREET



JUN 08 2015 J SHIVERS CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| REFERENCE : 656726 7393462 AUTHORIZATION : | | | | | | | | |
| AUTHORIZATION : | | | | | | | | |
| COST LIMIT : \$ 25.00 | | | | | | | | |
| ODDED DATE . Type 4 2015 | | | | | | | | |
| ORDER DATE : June 4, 2015 | | | | | | | | |
| ORDER TIME : 3:29 PM | | | | | | | | |
| ORDER NO. : 656726-025 | | | | | | | | |
| CUSTOMER NO: 7393462 | | | | | | | | |
| | | | | | | | | |
| CHANGE OF AGENT | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| NAME: METRO VILLAGE 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.

| ι. | Na | me of the limited liability company: METRO VILLAGE | E APAR | TMENTS LL | <u>c</u> | | | | |
|--|-----------------------|---|--|---|--|---|--|--|--|
| 2 | (a) | 190 SOUTH LASALLE STREET | (b) 190 SOUTH LASALLE STREET | | | | | | |
| | (-) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) | Ma | iling address of li | | - | | |
| | | SUITE 510 | <u>.</u> | SUITE 510 | | | | | |
| | | CHICAGO, IL 60603 | _ | CHICAGO, | IL 60603 | | | | |
| | | 06/18/2010 | | L100000654 | 132 | | | | |
| 3. | | Date of filing/registration in Florida | 4. | | ocument num | ber | | | |
| 5. | (a) | PHYLLIS DRIEGER | | | | | | | |
| | \ <i>)</i> | Registered Agent and Registered Office shown on the records of the | e Florida I | Dept. of State: | | | | | |
| | | 16206 HAMPTON TRACE COURT | | | | | | | |
| | | Registered Office Address MUST BE FLORIDA STREET AD | DRESS) | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | _TAMPA,FL | 33647 | | | 70 | | | |
| | • | , | | | | | -ਛੜੇ ਵਜੋ | | |
| | (b) | Corporation Service Company | | | • | 11 | ي | te si a | |
| | ٠ | Enter name of NEW Registered Agent and/or NEW Registered O | ffice add | .622: | | | = | | |
| | | | | | | | Ś | ist and . And event | |
| | | 1201 Hays Street | | | | | 720 | te Thentown | |
| | | NEW Registered Office Address: | | | | | = | | |
| | • | | | | | 27 CO2 | œ | more, | |
| | | | | | | 307 | ယ္ | | |
| | | | | | | 122 | | | |
| | | Tallahassee , FL | 32301 | | | ., | | | |
| the age wa: | chai nt w s/we | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the of organization or the operating agreement of the line. | ne registe ility con the limit | ered office an apany, it is he ed liability o | nd the busines ereby confirm ompany or as | s office o | of the r | egistered | |
| | <u>/</u> | or ne | Gary | S. Richman | | | | | |
| S | ignati | are of a member or authorized representative of a member | | Pı | rinted or typed na | me of sign | ec | | |
| pro the | visio obli nere | y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided t by reflect a change in the registered office address, I he in priting of this change. | to act in erforman for in Ch reby con | n this capaci nce of my dut napter 605, F nfirm that the | ty. I further a lies, and I am S.S. Or, if this Ilimited liabil | gree to c familiar i documer ity compo | omply with ar it is be iny ha | with the ad accept ing filed s been | |
| | (/, | ANN BODE | | Lydia C | ohen | | | | |
| Sig | haudi | of Registered Agent Corporation Service Company | BY: | Asst. Vice (| President | | | | |
| Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | | | | | | | |

FILING FEE: \$25.00