LIIOOOU8227

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Addiess) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



400273367894

TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED.

JUN 08 2015). BRUCE CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE 656726 7393462 AUTHORIZATION ()

COST LIMIT : \$ 25.00

ORDER DATE : June 4, 2015

ORDER TIME: 3:29 PM

ORDER NO. : 656726-030

CUSTOMER NO: 7393462

CHANGE OF AGENT

NAME: SR 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. | Na | me of the limited liability company: SR APARTMENT | rs LLC_ | | |
|--|--|---|--|--|--|
| 2. | (a) | 190 S LASALLE ST | _ (b) | 190 S LASALLE S | |
| _, | () | 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 510 | _ | SUITE 510 | |
| | | CHICAGO, IL 60603 | _ | CHICAGO, IL 60603 | |
| | | 06/10/2011 | | L11000068229 | |
| 3. | | Date of filing/registration in Florida | 4. | Document number | |
| 5. | (a) | PHYLLIS KRIEGER | | | |
| | (ω) | Registered Agent and Registered Office shown on the records of the | e Florida | Dept. of State: | |
| | | 16206 HAMPTON TRACE COURT | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET AL | DDRESS) | | |
| | | | | | |
| | | TAMPA , FL_ | 33647 | | |
| | | | | | |
| | (b) | Corporation Service Company | | | |
| | | Enter name of NEW Registered Agent and/or NEW Registered O | ffice add | ress; | |
| | | 1201 Hays Street | | | |
| | | NEW Registered Office Address: | · | | |
| | | | | | |
| | | Tallahassee , FL | 32301 | | |
| T.C. | L . 1: | | | State of Florida, it is hoveby confirmed that offer | |
| the | cha | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the | he regist | tered office and the business office of the registered | |
| age | nt w | vill be identical. Or, in the case of a Florida limited liab | ility cor | mpany, it is hereby confirmed that the change(s) | |
| the | arti | cles of organization or the operating agreement of the li | mited li | ability company. | |
| | / | 186 | Gary | S. Richman | |
| S | ignat | ure of a member or authorized representative of a member | | Printed or typed name of signee | |
| I h pro the to n not | ereb visio obli nere ifiea | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ily reflect a change in the registered office address, I he ily writing of this quange. | e to act i erforma for in Ci ereby co | in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been | |
| (| 11 | WLD | | Lydia Cohen | |
| Sig | hatun | e of Registered Agent Corporation Service Company | BY: | Asst. Vice President | |
| Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | | | |

FILING FEE: \$25.00