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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

Enter the email address for this business entity to be used for fut? annual report mailings. Enter only one email address please.

Email Address:

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LLC REGISTERED AGENT CHANGE FLORIDA INVESTMENT PROPERTY HOLDINGS LLC

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COVER LETTER

TO: Registration Division of	n Section Corporations		,	
SUBJECT:		ent Property Holdings LLC ited Liability Company	_	
Dear Sir or Madam		ned Diability Company		
		ce Change and fee(s) are submitted for filing.		
	rrespondence concerning this	_		
	Josie Sorensen		•	
	Name of Person			
	nCorp Services, Inc.			
	Firm/Company			
3360 (orporate Circle · Suite 400	<u>, as a second and a second a second and a second a second and a second a second and a second and a second a second a second a second and a second and a second a second and a second and a second and a</u>	2013 NOV	_
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nen	City/State and Zip Code	ى بىن رىرىيى	<u> </u>	9
		第9	AM IO:	p ş
manan	edcompliance@incom con		·	°¥
E-mail address: (to	edcompliance@incorp.con be used for future annual report notifi	cation)	7	
For further informa	ation concerning this matter,	please call:		
e Sorensen on bel	nalf of Incorp Services, Inc.	(800) 246-2677		
Namo	of Person	Area Code & Daytime Telephone Number		
STREET/C	OURIER ADDRESS:	MAILING ADDRESS:		
Registration		Registration Section		
Division of C		Division of Corporations		
Clifton Build		P.O. Box 6327		
	ive Center Circle Florida 32301	Tallahassee, Florida 32314		
Enclosed is	a check for the following a	mount:		

INHS 18 (5/08)

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.

ı.	Name of the limited liability company:	ed liability company: Florida Investment Property Holdings LLC					
2.	(a) Principal office address of limited liab	ility company					
	(Note: MUST BE STREET ADDRE	<u> </u>	2 GRAPEVINE LN BLOOMINGTON, IL 61704			<u> </u>	
	(b) Mailing address of limited liability co	трапу:					
_	(Note: MAY BE POST OFFICE BO	<u>0X</u>)	2 GRAPEVINE LN BLOOMINGTON, IL 61704				
	02/17/2012		L12000023617				
3.	Date of filing/registration in Florida	•	4. Document number				
5.	(a) Registered Agent and Registered Offi	ice shown on t	he records of the Florida Dept	. of Sta	te:		
	Registered Agent:		AGENTS AND CORPORA	TIONS	<u>3, INC</u>	<u>}_</u>	
	Registered Office Address:		300 Fifth Avenue South Naples, FL 34102	F.,	20.33	arts.	
				- E-12	V O		
	(b) Enter name of NEW Registered Age	at and/or NEV	V Registered Office address:		+		
	NEW Registered Agent:		InCorp Services, Inc.	ارد. الما التا إليا	To JK		
	NEW Registered Office Address:		17888 67th Court North	0.00	<u> </u>	SALES OF SALES OF	
MUST BE FLORIDA STREET ADD		DRESS)	Loxahatchee	,FL <u>33</u>	470		
ar lia of or	the limited liability company is not organize infirmed that after the change or changes and the business office of the registered agent ibility company, it is hereby confirmed that the members of the limited liability compathe operating agreement of the limited liability compathe of a member of authorized of a member of a member of authorized of a member	e made, the Fl t will be identi the change(s) ny or as other ility company	orida street address of the regi- cal. Or, in the case of a Florid was/were authorized by an af	stered (la limit firmativ	office ed ve vot	e	
	inted or typed name of signee hereby accept the appointment as registere inply with the provisions of all statutes rela id I am familiar with and accept the obligat inpler 6(B, F, S. Or, if this document is her idrest, I hereby confirm that the limited liab On behalf of InCorp S		gree to act in this capacity. I j per and complete performanc ition as registered agent as pi ely reflect a change in the reg has been notified in writing o	further of my e of my covided istered if this ca	agree dutie. for in office hänge	10 S,	
1		, P.O. Box 637 ING FEE: \$2	27, Tallahassee, FL 32314 5.00				