L 12.000	143744		
(Requestor's Name) (Address)	800268417448		
(Address) (City/State/Zip/Phone #)	01/20/1501053008 **25.00		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	FIL TALLAHASS 15 JAN 20		
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CM Clingen Callow & McLean, LLC Attorneys and Counselors

Jean M. Erhardt, Paralegal Direct: 630.871.2613 erhardt@ccmlawyer.com

2300 CABOT DRIVE, SUITE 500 LISLE, IL 60532-3639 FAX: 630.871.9869

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630.871.2600

AFFILIATED WITH ERICKSON LAW GROUP, PC PATENT & TRADEMARK COUNSEL TELEPHONE: (630) 665-9404 www.ericksoniawgroup.com

January 15, 2015

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## Re: **R&S Port, LLC** Florida File No. L12000143744

Dear Sir/Madam:

Enclosed please find a Statement of Change of Registered Agent (in duplicate) for the above-referenced company and our firm's check in the amount of \$25.00 in payment of filing fees. Please return one file-stamped copy to our office in the enclosed, self-addressed, stamped envelope.

Please contact me at 630-871-2613 if you have any questions. Thank you for our assistance in this matter.

Very truly yours,

CLINGEN CALLOW & McLEAN, LLC

an M Ecliace Jean M. Erhardt, Paralegal

/jme Enclosure

## 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.	Name of the limited liability company:				
2. (1	18W140 BUTTERFIELD RD., #940		(b) SAME		
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) OAKBROOK TERRACE, IL 60181			Mailing address of limited liability company: (Nota: MAY BE POST OFFICE BOX)	
				· · · · · · · · · · · · · · · · · · ·	
	NOVEMBER 13, 2012		L12000	143744	
3.	Date of filing/registration in Florida	4.		Document number	
5. (	a) CT CORPORATION SYSTEM				
	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of St		
	1200 SOUTH PINE ISLAND ROAD				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	55)	~	
				<b>15</b>	
	PLANTATION, FI	L 3332	4	JAN JAN	
(I	ORPORATION SERVICE COMPANY			ARY OF 20 AH	
•	Bater name of NEW Registered Agent and/or NEW Registered	d Office I	uldress:	9:5	تر
	NEW Registered Office Address:				
	1201 HAYS STREET				
	TALLAHASSEE	L_3230	1		
the c agen was/	e limited liability company is not organized under the la hange or changes are made, the Florida street address or t will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	of the reg liability of the li e limited	gistered offi company, it mited liabil l liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	۶đ
-	nature of a member of authorized representative of a member			Printed or typed name of signee	~~~
I he prov the c to m notif	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ied in writing of this change.	ree to a e perfori ed for in hereby	ct in this ca mance of m Chapter fil confirm tha	pacity. I further agree to comply with th y duties, and I am familiar with and acce 05, F.S. Or, if this document is being file at the limited liability company has been	e ot d

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

1.

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