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**BRIDGE PORT 95, LLC** 

TYPE OF FILING: CHANGE OF AGENT

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**AUTHORIZATION:** 

ABBIE/PAUL

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, Floricompany submits the following statement in order to charboth, in the State of Florida.	da Statutes, the undersigned limited liability age its registered office or registered agent, or s	
both, in the State of Florida.  1. Name of the limited liability company: SRIGGE PORT SE, U.C.  2. (a) Principal office address of limited liability company: 350 W. Hubbart Street		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	v; 350 W. Hubbarg Street Stude 450 Chicago, IL 63854	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Sarvi as obore	
\$739°2013	L:30030/7992	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Of Corporation System	
Registered Office Address:	120) South Pine Island Road Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	National Corporate Research, Ltd., Inc.  155 Office Plaza Drive	
<u> (MUST BE FLORIDA STREET ADDRESS)</u>	Tallahassee ,FL 32301	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member		
Porate T. Fran, Auta, R.p at 80P Port 95, LLC MBR Pronted or typed name of signee	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the provisions of all statules relative to the provisions of the obligations of my provided to the chapter 605. F.S. Or, if this document is being filed to meadless, I hereby confirm that the limited liability company of the confirmation of the confirmati	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.	
Division of Corporations, P.O. Box 6.	327, Tallahassee, FL 32314	
FILING FEE: S25.00		

INPS18 (12/13)