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To:	Division of Corporations Fax Number : (850)617-6383	2016 FEB 11 A SEPRETARY 6F			
From:	Account Name : C T CORPORATION SYST Account Number : FCAC00000023 Phone : (850)205-8842	LEW (1987) 60 2			
ter the email annual repor Email Addres	Fax Number : (850)878-5368  address for this business entity to be t mailings. Enter only one email address	used for future as please			
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https://efile.sunbiz.org/scripts/efilcovr.exe

2/11/2016

## 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. N	ame of the limited liability company:	WAGNER FL	., LLC				
2. (a)				)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		······································	ì	Mailing address of limit	ted liability ST OFFIC	company; E BOX)
	1210 ELMWOOD AVENUE		_	1210 E	LMWOOD AVE	NUE	
	EVANSTON, IL 60202		<del>-</del>	EVAN	STON, IL 6020	02	
	05/19/2015			L150000	088801		
3.	Date of filing/registration in	1 Florida	4.		Document number	Γ `	····
5. (a)	MATTHEW L. FERGUSON						
J. (4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 340 ROYAL PALM WAY, SUITE 100				2016 S.C.		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			LARAS ARAS	ES ES	CTTTT PERTURNA	
	PALM BEACH	, FI,	3348	30	د ، درج ۱۳۱۰ - ا	₹ —	
4.	,				اران المناطقة المناط		5
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<b>5</b> 711	્ર મું છે:	l	
	NRAI SERVICES, INC.	···		·	<b>3</b>	U	
	NEW Registered Office Address:						
	1200 South Pine Island Road						
	Plantation	FL. <sup>2</sup>	33324				
the cha agent v was/wa the arti Signa I here provisi the obt	imited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a lere authorized by an affirmative vote icles of organization or the operating three of plember or appointment as register by accept the appointment as registering of all statutes relative to the profigations of my position as registered by reflect a change in the registered	street address of t Florida limited liab of the members of agreement of the li of a member ed agent and agreement and complete in	he regist bility con the limi imited li	ered office npuny, it is ted liability ability com EFFLEY	and the business of hereby confirmed company or as other pany.  WAGNED Printed or typed name letty. I further agree that the sand Lam for	office of all that the cherwise properties of signor and intermediate with a signor and intermediate with the committee of th	ne registered change(s) rovided in  ply with the
ву:	distributed this frame.	······					
Signapu	re of Registered Agent Joe	lle Churik, Asst. Secre	etary				
	Division of Corp.	orations • P.O. Bo	ox 6327	Tallahass	ree. FL 32314		

FILING FEE: \$25.00