LIBOUITZES

(Requestor's Name)						
(Address)						
(Address)						
(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



200319479612

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT	NO.	:	I20000000195
--	---------	-----	---	--------------

REFERENCE : 430122 7347112

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: October 9, 2018

ORDER TIME : 9:0 AM

ORDER NO. : 430122-005

CUSTOMER NO: 7347112

.....

CHANGE OF AGENT

NAME: URBANA KINZIE INVESTMENTS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

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	ame of the limited liability company: URBANA KINZIE II	NVES	TMENTS L	LC			
2.	(a)	3350 RIVERWOOD PKWY	(b) 700 BILTMORE WAY					
	` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(3	<i></i>	Mailing address of limited (Note: MAY BE POST			
		SUITE 2140		SUITE 10)15			
		ATLANTA GA 30339		CORAL	GABLES, FL 33134			
		05/10/2018		L1800011	7289			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	ALLAN GUTIERREZ						
	` '	Registered Agent and Registered Office shown on the records of the	Florida	Dept. of Sta	- le:		-1	
		700 BILTMORE WAY					• •	
		Registered Office Address [MUST BE FLORIDA STREET ADD	DRESS	1	_		,	
		SUITE 1015				٦,	Γ.	
		CORAL GABLES , FL 33	3134		_		أمر .	
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Off 1201 Hays Street NEW Registered Office Address:	fice add	lress:	_	ار ل		
		Tallahassee , FL_		2301	_			
the age wa the	cha ent v s/wc arti	imited liability company is not organized under the laws onge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limitation of a member of authorized representative of a member of authorized representative of a member of authorized representative of a member of a member of authorized representative of a member of authorized representative of a member of authorized relative to the proper and complete period of all statutes relative to the proper and complete period of the change in the registered office address, I here	e regis lity co he lim nited li	tered office inpany, it is ited liability ability con	e and the business office hereby confirmed the ty company or as other upany. Gutieriez Printed or typed name of	ce of the reat the change wise provide	gistered ge(s) led in	
noi	ifica	In writing of this change.	coy co	Roxa	anne Turner	трину пах	occn	
Sig	ຸກສໂນ	re of Registered Agent Corporation Service Company B	Y:	Asst.	/ice President			

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