Division of Florida Department of State

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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

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

Email	Address	:				

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LLC REGISTERED AGENT CHANGE MHC HERITAGE PLANTATION, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help J. BRYAN

DEC 28 2012

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

BC 1 RC 7 T 1 *	L.L.C.
BJECT: Name of	Limited Liability Company
ear Sir or Madam:	
ne enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
ease return all correspondence concerning	this matter to the following:
	and security to the total stage,
Name of Person	SECRETARY OF JORIDA TALLAHASSEE, FLORIDA
	ALL SECTION
Firm/Company	工艺
	SSE
·	
Address	OR
City/State and Zip Code	
E-mail address: (to be used for future annual report to	oufication)
further information concerning this matte	er, please cau:
further information concerning this matte	•
further information concerning this matter	at (
Nume of Person STREET/COURLER ADDRESS:	Area Code & Daytime Telephone Number MAILING ADDRESS:
Name of Person STREET/COURLER ADDRESS: Registration Section	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section
Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations
Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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FL015 - 11/09/2012 Walters Klewer Orline

CT CORPORATION

12/27/2012 09:58 8656336092

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. 1. Name of the limited liability company: MHC HERITAGE PLANTATION, L.L.C. 2. (a) Principal office address of limited liability company: TWO NORTH RIVERSIDE PLAZA, SUITE 800 (Note: MUST BE STREET ADDRESS) CHICAGO, IL 60606

TWO NORTH RIVERSIDE PLAZA, SUITE 800 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) CHICAGO, IL 60606

10/08/2003 M03000003373

Date of filing/registration in Florida Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

CORPORATION SERVICE COMPANY Registered Agent:

1201 HAYS STREET Registered Office Address:

TALLAHASSEE, FL 32301-2525

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: C T Corporation System

NEW Registered Office Address: 1200 South Pine Island Road (MUST BE FLORIDA STREET ADDRESS) Plantation FL 33324

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.

or authorized representative of a member

Sharlin Aldao, Manager Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being flued to merely reflect a change in the registered office address, I hereby confirm that the limited liability company by seem notified in writing of this change.

By:

Kristin Bolden

Assistant Secretary

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

INHS18 (05/08)

PLD13 - FI/08/2012 Welms Khows Online