MO400005233

(Red	questor's Name)	·
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(City	//State/Zip/Phone	e #)
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SECRETARY OF STATE
ALLAHASSES FLORIDA

Section of the sectio

T. CLINE
NOV - 7 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
	//Centrum Jefferson, L.L.C.	
Name	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for	filing.
Please return all correspondence concern	ing this matter to the following:	
Tonya Gideon		•
Name of Person		•
,		
Service Partners Informati	on Co.	
Firm/Company		· .
520 S. Second Street, Suite	2-130	
Address	<u></u>	
	,	
Springfield, IL 6270		od Step tes
City/State and Zip Code		6/3
• •	•	
ahoran@centrumpartner	s.net	
ahoran@centrumpartner E-mail address: (to be used for future annual rep	ort notification)	- 当業 み :***
For further information concerning this n	netter nienne noile	(1) CO (1)
To former miormation concerning this is	iatei, picase cati.	DK
		7577 <u>-</u>
Tonya Gideon	at (217) 501-4283	<u>~</u> •
Name of Person	Area Code & Daytime Telephone Nur	nber
STREET/COURIER ADDRESS:	MAILING ADDRESS:	•
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the follo	wing amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Cop	у

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:	MCZ/Centrum Jefferson, L.L.C.		
2. (a) Principal office address of limited liability con	ompany: 225 W. Hubbard	225 W. Hubbard	
(Note: MUST BE STREET ADDRESS)	4th Floor Chicago, IL 60654		
(b) Mailing address of limited liability company:	225 W. Hubbard		
(Note: MAY BE POST OFFICE BOX)	4th Floor Chicago, JL 60654		
12/01/2004	M0400005233		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office show	•		
Registered Agent:	CORPORATION SERVICE COMP	YANY	
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301		
(b) Enter name of <u>NEW Registered Agent</u> and/o	<u> </u>	9- AUN	
NEW Registered Agent:	Registered Agent Solutions, Inc.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Dr. Suite A Tallahassee FL3230		
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited hability company or as or the operating agreement of the limited liability con	the Florida street address of the registered of a identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative	fice } vote	
Signature of a member or authorized representative of a member			
Arthur Slaven Printed or typed name of signee			
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and am familiar with and accept the obligations of a Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability configuration of Registered Agent	and agree to act in this capacity. I further ag the proper and complete performance of my d my position as registered agent as provided fo to merely reflect a change in the registered of mpany has been notified in writing of this cha mpany has been notified in writing of this cha	rree to uties, or in ffice inge.	

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

COVER LETTER

TO:	Registration Section Division of Corporations			•		
SUBJ		MCZ/Centre				_
Dear (Sir or Madam:	•				
The ci	nclosed Registered Agent/Regi	stered Office	Change	and fee	e(s) are submitted for filing.	
Please	return all correspondence con	cerning this r	natter to	the fol	lowing:	
		•				
	Tonya Gideo	n ·				
	Name of Person	····				
			,		•	
	Service Partners Inform	nation Co.				
	Firm/Company					
			•			
	520 S. Second Street, S	Suite 2-130				
	Address			_	,	
	o a a a garaga da a garaga	204				
	Springfield, IL 62 City/State and Zip Cod			-		
	City/State and Zip Coo	5				
		_				
	ahoran@centrumpart	ners.net	ion	—		
	THEN BOOKESS, (TO DO USED TO TREETE BURE	ar report nounces	юц)			
For fu	rther information concerning th	nis matter, pl	ease call	:		
		,,,,				
					4	
	Tonya Gideon	at (217	<u>, </u>	501-4283	
	Name of Person		•	Area Cod	e & Daytime Telephone Number	
	STREET/COURIER ADDRES	ss:	MA	JLING	ADDRESS:	
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	Clifton Building			Box 6.		
	2661 Executive Center Circle	-	Tall	lahassee	, Florida 32314	
	Tallahassee, Florida 32301					
Enclosed is a check for the following amount:						
	\$25 Filing Fee		[] \$5	5 Filin	g Fee & Certified Copy	
			ш.		- 17	

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2. (a) Principal office address of limited liability co	ompany: 225 W, Hubbard
(Note: MUST BE STREET ADDRESS)	4th Floor Chicago, IL 60654
(b) Mailing address of limited liability company	225 W. Hubbard
(Note: MAY BE POST OFFICE BOX)	4th Floor Chicago, IL 60654
12/01/2004	M0400005233
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301
•	
(b) Enter name of NEW Registered Agent and	or NEW Registered Office address:
NEW Registered Agent:	Registered Agent Solutions, Inc.
NEW Registered Office Address:	155 Office Plaza Dr.
(MUST BE FLORIDA STREET ADDRES.	S) Suite A Tallahassee ,FL32301
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the choof the members of the limited liability company or a or the operating agreement of the limited liability constants.	ler the laws of the State of Florida, it is hereby e, the Florida street address of the registered office is identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote is otherwise provided in the articles of organization ompany.
Printed or typed name of signee	
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby ponfirm that the limited liability of Signature of Registered Agent	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.

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