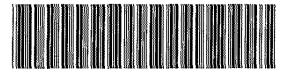
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(Re	questor's Name)	<del></del>		
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DIVISION OF CORPORATIONS
06 SEP -5 PM 2: 38

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Exchange Properties, LLC (Name of Lin	mited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing	3.
Please return all correspondence concerning th	is matter to the following:	
Brian Hickey		
(Name of Person)		0 0
Exchange Properties, LLC		PSE SE
(Firm/Company)		P-10
55 Ogden Ave		OF SEP -5 PM
(Address)		
		TIONS
Clarendon Hills, IL 60514 (City/State and Zip Code)		
For further information concerning this matter,	, please call:	
D.C. AD box	000 654 4400	
(Name of Person)	at (630 ) 654-4100 (Area Code & Daytime Telephone	e Number)
(1/41110 01 1 010011)	(. 11011 0000 to 20, 11110 1010p.no.).	- 1,
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## 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.

agent, or com, in the c	1010 0) 1 101 10101		
1. The name of the lim	nited liability company is: Exch	nange Properties, LLC	
2. The mailing address	s of the limited liability compar	ny is : <u>55 Ogden Ave, Clarendon</u>	Hills, IL 60514 .
	, o		
4/07/0005		M0500000224	*
1/07/2005		M0500000324	
<ol><li>Date of filing/regist</li></ol>	ration in Florida	4. Document number	
5. The name of the reg Florida Department		office address as shown on the	records of the
•	CORPDIRECT AGENTS	S, INC.	
	Nan		,
	515 E. PARK AVE.	-	_ 9
	Addr	ess	OB SEP
	TALLAHASSEE FL 32301		SE SE
	City, State	and Zip	P OF SEL
6. The name and addre	ss of the new registered agent a	and/or office:	5 PA
	Incorp Services, Inc.		M 2
	Name	;	STATE ONS ORATIONS 1 2: 38
	17888 67th Cou	urt North	Ø ₹5
	Florida street address (P.C		
	Loxahatchee FL	33470	_
	City, State a	and Zip	
confirmed that after the and the business office liability company, it is of the members of the or the operating agreen	e change or changes are made, of the registered agent will be hereby confirmed that the char limited liability company or as nent of the limited liability con	r the laws of the State of Florida the Florida street address of the identical. Or, in the case of a F nge(s) was/were authorized by a otherwise provided in the artic npany.	e registered office Florida limited an affirmative vote
(Signature of a member or au	horized representative of a member)		
(Printed or typed name of sign			•
I hereby accept the ap comply with the provis and I am familiar with Chapter 608, F.S. Or, address, I hereby confi	pointment as registered agent of the constant of all statutes relative to the and accept the obligations of his document is being filed from that the limited liability constant of the first constant	and agree to act in this capacity he proper and complete performing position as registered agent to merely reflect a change in the appany has been notified in write Services, Inc.	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.

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