

**M05000001747**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

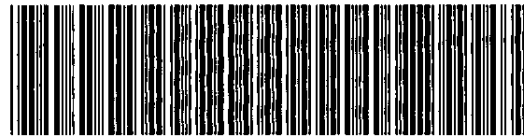
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(Document Number)

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2010 NOV 15 PM 03:01  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

**C. LEWIS**

**NOV 16 2010**

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MCZ/CENTRUM FLORIDA VIII, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARISA CARPINELLI

Name of Person

CENTRUM PROPERTIES

Firm/Company

225 W HUBBARD ST, 4TH FLOOR

Address

CHICAGO, IL 60654

City/State and Zip Code

MCARPINELLI@CENTRUMPROPERTIES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARISA CARPINELLI

Name of Person

at ( 312 ) 279-2687

Area Code & Daytime Telephone Number

**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.*

1. Name of the limited liability company: MCZ/CENTRUM FLORIDA VIII, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**)

225 W HUBBARD, 4TH FLOOR  
CHICAGO, IL 60654

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

225 W HUBBARD, 4TH FLOOR  
CHICAGO, IL 60654

4/04/2005

3. Date of filing/registration in Florida

M05000001747

4. Document number

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

Registered Agent:

STEVEN NEWBURGH

Registered Office Address:

C/O COHEN, NORRIS, SCHERER  
712 U.S. HIGHWAY ONE, STE 400  
NORTH PALM BEACH, FL 33408

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

**NEW** Registered Agent:

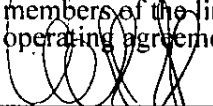
ARTHUR SLAVEN

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

967 HILLSBORO MILE  
HILLSBORO BEACH, FL 33062

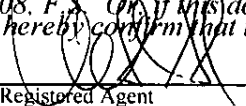
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.

  
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 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 filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00