## Division of Conceration

## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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## Marie Bland Brown REGISTERED AGENT CHANGE

ORLANDO WESTPOINTE, LLC

Estimated Charge	<del>\$35.00</del>
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M. THOMAS

SEP 1 6 2009

EXAMINER 2/15/2009

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## STATEMENT OF CHANGE OF RECISTERED 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.

Name of the limited liability company:	ORLANDO WESTPOINTE, LLC	
2. (a) Principal office address of limited liability company	ç	
(Note: MUST BE STREET ADDRESS)	182 WLAKE STREET, SUITE 200 CHICAGO IL 60601	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	182 W LAKE STREET, SUITE 200 CHICAGO IL 60601	
07/14/200S	M05000003890	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on a	the records of the Florida Dept. of State:	
Registered Agent:	NRAI SERVICES, INC. 10	
Registered Office Address:	2731 EXECUTIVE PARK DRIVE SUITES WESTON FL 33331	
	77 S	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 75,		
NEW Registered Agent:	CT Corporation System	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road	
	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 husiness 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 symbor or authorized representative of a member		
HaThory RDi BBNE de TTO Printed or typed name of signed		
I hereby accept the appointment as registered agent and as conjply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of any post and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company CT Corporation System	gree to act in this capacity. I further agree to per and complete performance of my duties, lition as registered agent as provided for in rely reflect a change in the registered affice has been notifically writing of this change.	
Signature of Refracted Affects	ssistant Secretary	
Division of Corporations, P.O. Box 6327, Talinhassee, FL 32314 FILING FEE: \$25,00		

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By:

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