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EXAMINER



statist by mrani
ACCOUNT NO. : 072100000032
REFERENCE : 445612 7606627 40 %
AUTHORIZATION: Smelle Rena 200
COST LIMIT : \$25.00
ORDER DATE : February 14, 2008
ORDER TIME: 8:56 AM
ORDER NO. : 445612-005
CUSTOMER NO: 7606627
CHANGE OF AGENT
NAME: SHAMROCK HOLDINGS V LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Doreen Wallace
EXAMINER'S INITIALS:

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.

g prod	.,, C1	⊔ ∧ № ₽ ₽	CV UOI DING	COVIIC		
1. The name of the limited liab	oility company is: Si	HAMKU	CK HULDING	35 V LLC		
2. The mailing address of the l	limited liability comp	any is :				
191 N. Wacker Dr., 1800	Chicago, IL 60606	5				
January 5, 2006 M00600000				70		
3. Date of filing/registration in Florida			4. Document number			
5. The name of the registered a Florida Department of State:				on the records of the		
	NRAI Se	ame	ac.			
2731 Executive Park Drive, Ste 4						
Address						
Weston, FL 33331						
	City, Sta	te and Zip		1A 88 38 38		
6. The name and address of the	new registered agent	t _, and/or of	fice:	GR TO		
	Corporation Se	rvice Co	mpany	10 TO		
Plorida street address (P.O. Box NOT acceptable)						
Florida street address (P.O. Box NOT acceptable)						
	Tallahassee F	L	32301	25 -		
	City, State		32301			
If the limited liability company confirmed that after the change and the business office of the re liability company, it is hereby of the members of the limited or the operating agreement of t	e or changes are made egistered agent will b confirmed that the cha	e, the Flori e identica ange(s) wa	da street address l. Or, in the case as/were authorize	of the registered office of a Florida limited d by an affirmative vote		
/s/ Darlene Szablewski						
(Signature of a member or authorized re	presentative of a member)					
Darlene Szablewski						
(Printed or typed name of signee)						
I hereby accept the appointme comply with the provisions of a and I am familiar with and acc Chapter 608, F.S. Or, if this diaddress, I hereby confirm that	nt as registered agen ill statutes relative to ept the obligations of ocument is being filed the limited liability co	t and agre the prope my positi I to merely ompany ho	e to act in this ca r and complete po on as registered o reflect a change as been notified ir	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.		
(Signature of Registered Agent) Amy	Gudgel, Asst. Vic	ce Presid	ent			
	Corporations, P.O. I			32314		
FILING FEE: \$25.00						

INHS18 (8/05)