M08000002395

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COVER LETTER

TO: ** Registration Section Division of Corporations

Centrum Hillsboro, 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:

Julianne Bass

Name of Person

Service Partners Information Co.

Firm/Company

274 Shufelt Road

Nassau, NY 12123

City/State and Zip Code

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

For further information concerning this matter, please call:

Julianne Bass

Name of Person

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: Certon	Hillsboro, L.L.C.
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	, ·
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	225 W. Hubbard, 4th (1 Chicago, IL 60054
5/21/2008 3. Date of filing/registration in Florida	M08000002395 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Corporation Service Company
Registered Office Address:	1201 Hoys Street Tallanossea, FL 32301-2525
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	Registered Agent Solutions, Frc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Dr. Suite A Tallahassee ,FL 32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida-limited was/were authorized by an affirmative wate of see provided in the articles of organization or
Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, Hereby confirm that the limited liability company. Signature of Registered Agent	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in the registered office y 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