

m08000002395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/26/15--01005--011 **25.00

RECEIVED
OFFICE OF THE
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SUPREME COURT
TO APPELLATE
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15 OCT 26 PM 12:26

FILED
2015 OCT 26 A 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 27 2015

S MASON

SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724

COVER LETTER

DATE: 10-26-15

WALK IN

ENTITY

NAME: Centrum Hillsboro, LLC

408660002395

(NAME AVAILABLE? ✓)

CORRECT FORM? ✓)

PLEASE FILE THE ATTACHED AND RETURN:

X PLAIN COPY

 CERTIFIED COPY

CHECK # 2015

AMOUNT: 25⁰⁰

PLEASE CONTACT TINA AT 850-508-1891 WITH ANY
QUESTIONS OR CORRECTIONS!

THANK YOU!

TINA GOFF, PRESIDENT

SUNSHINE CORPORATE & FILING SERVICES, INC.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Centrum Hillsboro, L.L.C.

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate 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

520 S 2nd Street

Address

Springfield, IL 62701

City/State and Zip Code

. Amy Horan <ahoran@centrumpartners.net>

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

For further information concerning this matter, please call:

Amy Horan

Name of Person

at (312) 279-1382

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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Centrum Hillsboro, L.L.C.

Enter new principal office address, if applicable:

(Principal office address
MUST BE A STREET ADDRESS)

225 W. Hubbard, 4th Floor
Chicago, IL 60654

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M08000002395

3. Jurisdiction of its organization: Illinois

4. Date authorized to do business in Florida: May 21, 2008

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

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TAMM-FLORIDA

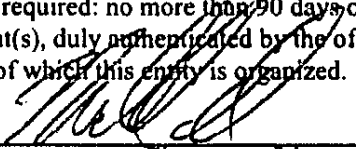
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Add / Removal of Managers

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	John McLinden	225 W. Hubbard, 4th Fl., Chicago, IL 60654	<input type="checkbox"/> Add
		Remove as Manager	<input checked="" type="checkbox"/> Remove
Manager	Arthur Slaven	225 W. Hubbard, 4th Fl., Chicago, IL 60654	<input type="checkbox"/> Add
		Remove as Manager	<input checked="" type="checkbox"/> Remove
Manager	Graham Palmer	225 W. Hubbard, 4th Fl., Chicago, IL 60654	<input type="checkbox"/> Add
		Remove as Manager	<input checked="" type="checkbox"/> Remove
Manager	Barbara McLinden	225 W. Hubbard, 4th FL., Chicago, IL 60654	<input checked="" type="checkbox"/> Add
		225 W. Hubbard, 4th FL., Chicago, IL 60654	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly notarized by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Michael Slaven, Manager

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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