

MUGOUU04177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

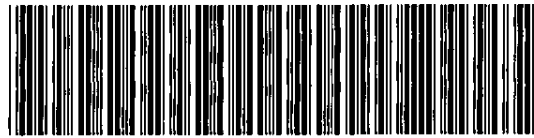
MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



800210262598

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 AUG 23 AM 10:43  
NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 23 PM 1:30

Office Use Only  
B. KOHR  
AUG 23 2011  
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 887713 5041678

AUTHORIZATION

*Spuddean*

COST LIMIT : \$ 25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 23 PM 1:30

ORDER DATE : August 22, 2011

ORDER TIME : 9:05 AM

ORDER NO. : 887713-005

CUSTOMER NO: 5041678

CHANGE OF AGENT

NAME: AHC 550 TAMPA MANAGEMENT,  
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

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.

FILED STATE SECRETARY OF CORPORATIONS 11 AUG 23 PM 1:50

1. Name of the limited liability company: AHC 550 TAMPA MANAGEMENT, LLC

2. (a) Principal office address of limited liability company: 900 CLARK ST  
*(Note: MUST BE STREET ADDRESS)* EVANSTON IL 60201

(b) Mailing address of limited liability company: 900 CLARK ST  
*(Note: MAY BE POST OFFICE BOX)* EVANSTON IL 60201

09/12/2008 M08000004177

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: NRAI SERVICES, INC.  
Registered Office Address: 515 E. PARK AVENUE  
TALLAHASSEE FL 32301 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: Corporation Service Company  
NEW Registered Office Address: 1201 Hays Street  
*(MUST BE FLORIDA STREET ADDRESS)* Tallahassee, FL 32301

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]  
(Signature of a member or authorized representative of a member)

JOHN M GOOPS, DIRECTOR OF FINALE  
(Printed or typed name of signer)

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.

By: [Signature] **Harry B. Davis**  
(Signature of Registered Agent) Corporation Service Company **Asst. Vice President**

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

FILING FEE: \$25.00