MU80WV04177

(Re	questor's Name)		
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(Business Entity Name)			
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AUG 23 2011

EXAMINER



800210262598



ACCOUNT NO. : I2000000195

REFERENCE : 887713 5041678

AUTHORIZATION

COST LIMIT

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 company submits the following statement in order to c in the State of Florida.	3.508, Florida Statutes, the change its registered office	undersigned limited liability or registered agent, or buff	
I. Name of the limited liability company: AHC 550	TAMPA MANAGEMENT	LLC E	
2. (a) Principal office address of limited liability composite (Note: MUST BE STREET ADDRESS)	pany: <u>900 CLARK ST</u> <u>EVANSTON IL 602</u>	<u> </u>	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	900 CLARK ST EVANSTON IL 602	01	
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 Florid	da Dept. of State:	
Registered Agent:	NRAI SERVICES, II	NRAI SERVICES, INC.	
Registered Office Address:	515 E. PARK AVENUE TALLAHASSEE FL 32301 US		
(b) Enter name of NEW Registered Agent and/or I NEW Registered Agent:	Corporation Service Company		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee FL 32301		
the limited liability company is not organized under that after the change or changes are made, the Florida's office of the registered agent will be identical. Or, in thereby confirmed that the change(s) was/were authorized iability company or as otherwise provided in the article imited liability company. Signature of a member of authorized representative of a member)	trect address of the register he case of a Florida limited	ed office and the business liability company, it is	
Printed on year name of signec) I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the un familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect on firm that the limited liability company has been not	nd agree to act in this capa proper and complete perfo ion as registered agent as t t a change in the registered fied in writing of this chang	city. I further agree to ormance of my duties, and I provided for in Chapter 608, office address, I hereby ge.	
Signature of Registered Agent) Corporation Service Company Division of Corporations, P.O. E	Harry B. Davis Asst. Vice President Box 6327, Tallahassee, FL	32314	

FILING FEE: \$25.00