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## **FILING REQUEST**

January 20, 2012

## **FLORIDA SECRETARY OF STATE:**

Type of Filing:

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Subject(s):

NORTHMARQ REAL ESTATE SERVICES LLC

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT

Supporting Document(s):

Check Enclosed:

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NRAI CORPORATE SERVICES 590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Jackie Bernu

## 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 compan	y:NorthMarq	Real Estate	Services LLC
2. (a) Principal office address of limite	liability company:	3500 Ame	rican Blvd W, Suite 200
(Note: MUST BE STREET AL	DRESS) Bloc	omington, MN	55431
(b) Mailing address of limited liabili	ty company:		
(Note: MAY BE POST OF FIC	<u>E BOX</u> )		
09/04/2009			00003507
3. Date of filing/registration in Florida	4. Do	ocument numbe	r
5. (a) Registered Agent and Registered	Office shown on the rec	cords of the Flo	rida Dept. of State:
Registered Agent:	<u>Nati</u>	onal Corporate	e Research Ltd
Registered Office Address:	<u>155</u>	155 Office Plaza Drive	
	<u>Talla</u>	ahassee, FL 32	2301
NEW Registered Agent:  NEW Registered Office Address (MUST BE FLORIDA STREET)	515 [	Al Services, Inc. East Park Avenue	
		ahassee	,FL <u>32301</u>
If the limited liability company is not or confirmed that after the change or change and the business office of the registered liability company, it is hereby confirmed of the members of the limited liability cor the operating agreement of the limited limited.  Signature of a member or authorized representative of	es are made, the Florida agent will be identical. (that the change(s) was/vermpany or as otherwise published that the company.	street address o	f the registered office of a Florida limited
Printed or typed name of signee	er		AH 10:
I hereby accept the appointment as regi- comply with the provisions of all statutes and I am familiar with and accept the ob Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limited	tered agent and agree to relative to the proper a ligations of my position sheing filed to merely re	o act in this cap nd complete per as registered ag	A

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

JNHS18 (05/08)