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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INCAPITAL HOLDINGS LLC

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C. LEWIS DEC 2 7 2011 **EXAMINER**

	ÇO	ver letter		
	ion Section of Corporations			
SUBJECT:	Incap	ital Holdings LLC		
	Name of Foreign	n Limited Liability Com	pany	
Dear Sir or Made	m:			
The enclosed Afi Managing Memb	idavit by Foreign Limi er(s) and fee(s) are sub	ted Liability Company t mitted for filing.	o Change Maлager(s) ог	
Please return all o	xorrespondence concerr	ling this matter to the fo	liowing:	
	Patricial Allen			
	Name of Person			
	Incapital LLC			
	Firm/Company			
200 So	uth Wacker Drive, Su	ilte 3700		
	Address			
	Ohlanan II enene			
	Chicago, IL 60606 City/State and Zip Co			
	,			
E-mail addre	patricia.allen@incapi ss: (to be used for futur	tal.com e annual report notificat	tion)	
	•	-	,	
For further inform	ation concerning this m	atter, please call:		
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Name (of Person	Area Code and Daytin	is Telephone Number	
STREET/C	OURIER ADDRESS:	MAILING A	DDRESS:	
Rogistration	Section	Registration Section		
Division of	Corporations	Division of Corporations P.O. Box 6327 Tallahassee, Fiorida 32314		
Clifton Build	ding. Ave Center Circle			
	Florida 32301	1 Biiana5500, F	ionda 32514	
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28H DEC 22 AM 8: 24

SECRETARY OF STATE TALLAHASSEE FLORIDA

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

The name of the limited liability or Department of State is:	ompany as it appears on the records of the Florida Incapited Holdings LLC
2. This entity was formed under the la	ews of: Delaware
3. This entity was authorized to transf and its Florida document/registration i	act business In Plorida on 03/18/2010 number is M1000001258
4. The name and address of each man	ager or managing member is as follows:
Title; "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR*	THOMAS S. RICKETTS 200 South Wacker Drive, Suite 2700 Chicago, IL 60606
	0.1 1.11
Required Signature: Signature of Management	ger, Managing Member or Member

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