M1000003330

| (Requestor's Name) | | | | | | | | | |
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| dress) | | | | | | | | | |
| dress) | | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | | |
| ☐ WAIT | MAIL | | | | | | | | |
| siness Entity Nar | me) | | | | | | | | |
| (Document Number) | | | | | | | | | |
| _ Certificate | s of Status | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: September 18, 2014

Order#: 291991-022

Re: PK DOUGHERTY II, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 __.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

<u>XX</u> Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. | Na | me of the limited liability company: PK DOUGH | HERT | Y II, LLC | | | | | |
|----------------|-------------------------|---|--|---|---|---|----------------------------------|-----------------|--|
| 2. | (a) | 20 COUNTRY CLUB DR | | _ (b) | 1385 Warren Avenue, S | Suite B | | | |
| | (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | | DANVILLE IL 61832 | | | Downers Grover, IL 6051 | 15 | | | |
| | | 07/28/2010 | | _ | M10000003330 | | | | |
| 3. | | Date of filing/registration in Florida | | 4. | Document numb | per | | | |
| 5. | (a) | C T CORPORATION SYSTEM | | | | | | | |
| ٥. | (4) | Registered Agent and Registered Office shown on the record | ds of th | e Florida I | Dept. of State: | | | | |
| | | 1200 SOUTH PINE ISLAND ROAD | | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STRE | EET AI | DDRESS) | | SECRE TALLAH | 14 SEP | | |
| | | PLANTATION | _, FL_ | 33324 | <u>.</u> | ~ | 22 | <u> </u> | |
| | (b) | Corporation Service Company | | | | :" <u>9</u> | \mathbb{R} | EO | |
| | (-) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u> | tered C | office addr | ress: | STATE Lorid, | l: 52 | | |
| | | 1201 Hays Street | | | | 15 | | | |
| | | NEW Registered Office Address: | | | | | | | |
| | | Tallahassee | _, FL_ | 32301 | | | | | |
| th ag wa | e cha ent v as/we | mited liability company is not organized under the nge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of | ss of t ed liab ers of | he registe oility con the limit | ered office and the busines npany, it is hereby confirm ed liability company or as | s office of the reg led that the change | gister e(s) | | |
| | | | | Dona | Priebe, Authorized Person | 1 | | | |
| | Sign | ure of a thember authorized representative of a member | - | | Printed or typed na | ime of signee | | | |
| pr th to | ovisi e obl mere | y accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as provily reflect a change in the registered office address in writing of this change. | d agre plete p vided ss, I hë | e to act i erforma for in Ch ereby cor | n this capacity. I further a nce of my duties, and I am napter 605, F.S. Or, if this nfirm that the limited liabil | igree to comply w familiar with and document is bein ity company has i | ith th acce g file been | he ept ed | |
| Si | gnatu | re of Registered Agent Corporation Service Sompar | - ny | BY: Gra | ace E. Kirby, Assistant V | ice President | | | |

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