M1000004270

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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: Katie Boese kboese@cscinfo.com

Date: August 5, 2013

Order#: 751910-004

Re: MURRAY WISE ASSOCIATES 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: Katie Boese

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX 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 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 liabi	lity company: MURRAY WIS	SE ASSOCIATES LLC		
2 (a) Principal office addre	ess of limited liability compa	ny: 1605 South State Street St	te 110	
(Note: MUST BE STREET ADDRESS)		Champaign, IL 61820		
<u> </u>			10 5 M	
(b) Mailing address of li	mitad liability assumance			
(b) Mailing address of li	OST OFFICE BOX)			
(1101C: 111111 DD 11	<u> </u>		0.34	
			学 美	
09/28/2010	,	M10000004270	<u> </u>	
3. Date of filing/registration	in Florida	4. Document number	93	
E (-) Designation Amendon	d Davistanad Office shows a	n the records of the Floride I	Jone of State:	
5. (a) Registered Agent an	a Registered Office snown o	n the records of the Florida I	Dept. of State.	
Registered Agent:		NRAI Services, Inc.		
D : 1000 A	1.1	1200 Couth Ding Island Da	and Cta 4	
Registered Office Address:		1200 South Pine Island Road Ste 4 Plantation, FL 33324		
(b) Enter name of NEW	Registered Agent and/or N	EW Registered Office add	ress:	
<u>NEW</u> Registered Ag	ent:	Corporation Service Company		
NEW Registered Of	fice Address:	1201 Hays Street		
(MUST BE FLORI	DA STREET ADDRESS)			
		Tallahassee	,FL <u>32301</u>	
If the limited liability compa	any is not organized under th	e laws of the State of Florida	a. it is hereby	
confirmed that after the char	nge or changes are made, the	Florida street address of the	registered office	
and the business office of th	e registered agent will be ide	entical. Or, in the case of a F	lorida limited	
the members of the limited	y confirmed that the change	(s) was/were authorized by a wise provided in the articles	of organization or	
the operating agreement of t	he limited liability company	wise provided in the articles	o. 0.8	
Seb- leeves				
Signature of a member or authorized	representative of a member			
Deb Reeves, Authorized Pers	on			
Printed or typed name of signee				
I hereby accept the appoint	ment as registered agent and	d agree to act in this capacity	y. I further agree to	
and I am familiar with and	iccept the obligations of my	proper ana compiete perjorn position as registered agent	as provided for in	
Chapter 608, F.S. Or, if this address. Thereby confirm the	s document is being filed to i at the limited liability comp	d agree to act in this capacity proper and complete perform position as registered agent merely reflect a change in the any has been notified in writ	e registered office ing of this change	
. 0 6		any nao open nonjiew in min		
	orporation Service Company	Sylvia Queppet, Asst. VF)	
	aporation pervice company	Stria Kachhor trage At		

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