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(Re	questor's Name)	<u> </u>				
(Ad	ldress)					
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COVER LETTER

TO:

TO:	Registration Section Division of Corporations					
SUBJI	THORNWOOD ASSOCIATE	S L.L.C.				
Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the	following:			
Micha	ael Mirrione					
<u>. </u>	Name of Person	 -				
Wolz	Corporate USA					
	Firm/Company	·-	_			
36 S.	18th Ave, Suite D					
	Address		_			
Bright	ton, CO 80601					
	City/State and Zip Code		_			
Con	npliance @ couldra-mail address: (to be used for future annua	the C.	ication)			
For furt	ther information concerning this matter, p	lease call:				
Micha	el Mirrione	303	665.9659			
	Name of Person		Area Code & Daytime Telephone Num	ber		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy			
INHS18	(2/14)					

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: THORNWOO	D AS	SC	CIATES	S.L.L.C.		
2.	(a)	222 N. LASALLE STREET, STE. 800		 (b)	222 N. L	ASALLE STRE	ET, STE	. 800
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'	. • •		Mailing address of limit (Note: MAY BE PO	ted liability c	ompany:
		CHICAGO, IL 60601		_	CHICAG	O, IL 60601		
		09/29/2011		N	1110000	04898		
3.		Date of filing/registration in Florida	4.			Document number	r	·
5.	(a)	NRAI SERVICES, INC						
		Registered Agent and Registered Office shown on the records of	the Florid	Ja D	ept. of State	: ::		
		1200 South Pine Island Road	_					
		Registered Office Address (MUST BE FLORIDA STREET)	<u> 4DDRES</u>	<u>(S)</u>				
								17.
		Plantation, FL	33324	1				JU
(b)		Universal Registered Agents, Inc.						c's
,	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ddr	 -			ã: ã:
		3458 Lakeshore Drive					,, , 	7: 3
		NEW Registered Office Address:	•				-	32
							. •	
			_					
		Tallahassee, FL	3231	2				
tne age wa <u>s</u>	chai nt w we artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of the organization or the operating agreement of the	the reginability confirmated	iste om nite lia	red office pany, it is ed liability bility com	and the business of hereby confirmed company or as oth pany.	office of the	registered
-/		lu U Dhal-X	Jul	lie	A. Gracz			
I bi pro the to n	/ ereb visia obli nere	ure of a member or authorized representative of a member by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change by the registered office address, I have the inwriting of this change.	ee to ac perform I for in uereby c	t ir ian Ch con	this capa ce of my d apter 605, firm that t	Printed or typed name acity. I further agri- luties, and I am fan F.S. Or, if this da he limited liability		ly with the and accept being filed us been
Sign	natur	e of Registered Agent Michael Mirrione, Asst. VP						