## 1412000003459

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UB (BUILDERS FIRSTSOURCE) LESSEE, LLC

TYPE OF FILING: CHANGE OF AGENT

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25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

attoche

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

Pursuant to the provisions of sections 605.0114, 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 company:	UB (BUILDE	RS FIRSTSOURCE) LES	SEE, LLC	
2. (a) Principal office address of limited	liability company			
(Note: MUST BE STREET ADDRESS)		Rosemont, IL 60018		
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE				
		r		
June 19, 2012		M12000003459	<u></u>	. S. S.
3. Date of filing/registration in Florida		4. Document number	HAR	CRET
5. (a) Registered Agent and Registered (	Office shown on (	he records of the Florida Dep	t. of State:	SS
Registered Agent:		Corporation Service Com	pany 🛖	10 H
Registered Office Address:		1201 Hays Street		
registered office reduces.		1201 Hays Street	0	≅₽
		Tallahassee, FL 32301-2525		AG
NEW Registered Agent: NEW Registered Office Address:		National Corporate Research, Ltd., Inc.  155 Office Plaza Drive		
<u>(MUST BE FLORIDA STREET ADDRESS)</u>		155 Office Plaza Drive	EV sees	
		Tallahassee	_,FL <u>32301</u>	
If the limited liability company is not orgate confirmed that after the change or changes and the business office of the registered a liability company, it is hereby confirmed the members of the limited liability compathe operating agreement of the limited liability company.	s are made, the Fl gent will be ident that the change(s) any or as otherwi- bility company.	orida street address of the reg ical. Or, in the case of a Flori- was/were authorized by an af	istered office da limited firmative vo	te of
Signature of a member or authorized representative of a	a member			
Robert Vanecko		_		
Printed or typed name of signee				
I hereby accept the appointment as regist comply with the provisions of all statutes and I am familiar with and accept the obl. Chapter 605, E.S. Or, if this document is address, I hereby confirm that the limited	tered agent and a relative to the pro igations of my po being filed to me liability company	gree to act in this capacity. I pper and complete performand sition as registered agent as p rely reflect a change in the rely has been notified in writing (	further agre ce of my duti rovided for gistered offic of this chang	e to es, in ce ce.
Signature of Registered Ager Mark Thomas, As	ssistant Secreta	rv		
		27, Tallahassee, FL 32314		

**FILING FEE: \$25.00** 

INHS18 (12/13)