M12000005757

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TO ACKNOWLEDGE SUFFICIENCY OF FILING

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MAR 13 2015 T. CARTER

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DATE:

3/12/15

NAME:

UB II (SITEL) LESSEE, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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. N	ame of the limited liability company: UB II (SITEL) LESSEE, LLC		
2. (a	Principal office address of limited liability company	y: 9450 W. Bryn Mawr Suite 750		
	(Note: MUST BE STREET ADDRESS)	Rosemont, IL 60018	·	—
				7 7 8
(t) Mailing address of limited liability company:		<u> </u>	
	(Note: MAY BE POST OFFICE BOX)		丟	<u> </u>
		·	<u>_</u>	
October 15, 2012		M12000005757	2	VSSE VXI
3. D	Date of filing/registration in Florida	4. Document number	R	— (n ⊆
			=	(E)
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept	of State!	ORID
		Corporation Service Company		
	Registered Agent:	Corporation Corrido Corrig	,,	
	Registered Office Address:	1201 Hays Street		
		1201 Hays Street		
		Tallahassee, FL 32301-2525		
(b	NEW Registered Agent:	W Registered Office address: National Corporate Research 155 Office Plaza Drive	, Ltd., Inc.	
	NEW Registered Office Address:	155 Office Plaza Drive		
	(MŪST BE FLORIDA STREET ADDRESS)	Tallahassee	FL 32301	
			,1 2	
confi and t liabil the n the o	e limited liability company is not organized under the limed that after the change or changes are made, the F he business office of the registered agent will be ident lity company, it is hereby confirmed that the change(s) nembers of the limited liability company or as otherwiperating agreement of the limited liability company.	lorida street address of the regi- ical. Or, in the case of a Florid was/were authorized by an aff	stered office la limited irmative vot	e of r
	obert Vanecko	-		
	d or typed name of signee		٠. ا	
I her compand I Chap addr	reby accept the appointment as registered agent and a ply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of my pooter 805, F.S. Or, if this document is being filed to me ess, I hereby confirm that the limited liability compan	gree to act in this capacity. I foper and complete performances sition as registered agent as prely reflect a change in the regy has been notified in writing o	urther agree e of my dutie ovided for in istered office f this change	to s, n e
Signa	ture of Registered Agent			
	ture of Registered Agent Mark Thomas, Assistant Secreta	ry		
	Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (12/13)