M130000011873

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
· /D.	usiness Entity Nar	nal
(DI	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300299692653

FILED
7 JUN -2 M 5 07
8 CRETARY OF STATE

PRECEIVED

PUIL JUN -2 PM 1: 58

SECRETARY OF STATE

D. SCOTT

JUN 5 2017





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 June 02, 2017 Date:_ Michelle Walker Name: C019107 Reference #:_____ LOFTON PLACE, LLC Entity Name:_____ Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent Reinstatement ☐ Conversion ☐ Merger Dissolution/Withdrawal Fictitous Name Other___ Please include a copy of cover letter with returned evidence. Thanks! Please note: If authorized amount is incorrect, Authorized Amount: please call Michelle at 518-213-0737.





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 June 02, 2017 Michelle Walker Name:_ C019107 Reference #:_____ LOFTON PLACE, LLC Entity Name:____ Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent Conversion Merger ☐ Dissolution/Withdrawal Fictitous Name Other___ Please include a copy of cover letter with returned evidence. Thanks! Please note: If authorized amount is incorrect, Authorized Amount: please call Michelle at 518-213-0737.

+1.212,947,7200

Signature:

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: LOFTON PL	ACE, LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	1247 Waukegan Rd Suite 200	
	Glenview, IL 60025	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1247 Waukegan Rd Suite 200	
(Note: MAT BE TOST OF TICE BOX)	Glenview, IL 80025	
March 26, 2013	M13000001873	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
Registered Agent:	C T CORPORATION SYSTEM	
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD	
	PLANTATION, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>		
NEW Registered Agent:	COGENCY GLOBAL INC.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	115 North Calhoun St., Suite 4	
	Tallahassee ,FL 32301	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identialliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited	
Signature of a member or authorized representative of a member	- ≥	
Alan Pollack	FIL JUN -2 ETARY WIASSE	
Printed or typed name of signee	To 2 In	
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proand I am familiar with and accept the obligations of my post Chapter 605, F.S. Or, if this document is being filed to mer address, Linereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, lition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	
Signature of Registered Agent Sean Honan, Assistant Secretar		
Division of Corporations, P.O. Box 632	▼	
	- cy	

FILING FEE: \$25.00

INHS18 (12/13)