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UB III (BULLS BAY) LESSEE, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

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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. Na	me of the limited liability company: UB III (BULLS	S BAY) LESSEE, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	9450 W. Bryn Mawr Suite 750
	(Indeer Indeer Das Britisher Vice Indeer)	Rosemont, IL 60018
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1510
	17, 2013	M13000003838
3. Da	te of filing/registration in Florida	4. Document number
5. (a	Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
	Registered Agent:	Corporation Service Company
	Registered Office Address:	1201 Hays Street
		Tallahassee, FL 32301-2525
	NEW Registered Agent:	National Corporate Research, Ltd., Inc. 155 Office Plaza Drive
		ASS Office Plane Prive
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive
	(MOOT DE LEONIDA BIRLES ABBRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member		
	bert Vanecko	-
Printed or typed name of signee		
I here compi and I Chapi addre	eby accept the appointment as registered agent and agent with the provisions of all statutes relative to the proam familiar with and accept the obligations of my poster 605, FS. Or, if this document is being filed to menss, I hereby confirm that the limited liability company are of Registered Agen Mark Thomas, Assistant Secretar	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Cidentum of Registered Agent		
Mark Thomas, Assistant Secretary		

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

INHS18 (12/13)