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3/12/15

NAME: UB HI (UNIVERSITY) 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.

l.	. Name of the limited liability company: UB III (UNIVERSITY) LESSEE, LLC						
		<ul> <li>a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)</li> </ul>					
			Rosemont, IL 60018				
	(b)	Mailing address of limited liability of (Note: MAY BE POST OFFICE )					
			-	1			
J	une	17, 2013		M13000003841			
3.	Dat	e of filing/registration in Florida	4	. Document number			
5.	(a)	(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Agent:		Corporation Service Company ਂ ਤੋਂ				
		Registered Office Address:		1201 Hays Street			
		Registered Office Address.	•	1201 Hays Street			
			- -	Tallahassee, FL 32301-2525			
	(h)	Enter name of NEW Registered Ag	Registered Office address				
	(0)	Lines hame of MEW Registered Ag	Cite and or 142 44	Registered Office address			
		NEW Registered Agent:		National Corporate Research	h, Ltd: Inc.		
				455.0% - Di Di	35-2		
		NEW Registered Office Address:		155 Office Plaza Drive			
		MUST BE FLORIDA STREET A	DDRESS)	155 Office Plaza Drive	EI 22201		
			-	Tallahassee	,FL 32301		
an lia the	nfiri d the bilit e mo e ope	imited liability company is not organ ned that after the change or changes are business office of the registered age y company, it is hereby confirmed that imbers of the limited liability companerating agreement of the limited liabil.	are made, the Floent will be identicated the change(s) was or as otherwise lity company.	rida street address of the reg al. Or, in the case of a Flor was/were authorized by an a	gistered office ida limited ffirmative vote of		
	Rol	oert Vanecko					
Pr	intcd	or typed name of signee					
I co an Ci aa	here mpl d I d japti ares	by accept the appointment as register with the provisions of all statules re m-familiar with and accept the oblig er 605, F.S. Or, if this document is h s, I hereby confirm that the limited li	red agent and ag lative to the prop ations of my posi eing filed to mere ability company	ree to act in this capacity. I per and complete performan ition as registered agent as j ely reflect a change in the re has been notified in writing	further agree to ce of my duties, provided for in gistered office of this change.		
1		1.0.					
Si	gnatu	e of Registered Agen Mark Thomas, Ass	istant Secretary	1			

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

INHS18 (12/13)

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