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UB III (CHERRY PALM) LESSEE, LLC

TYPE OF FILING: CHANGE OF AGENT

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## 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 III (C	HERRY PALM) LESSEE, LLC		
2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)	npany: 9450 W. Bryn Mawr Suite 750		_
(Mote: Moder big birthout Moderator)	Rosemoni, IL 60018		_
(b) Mailing address of limited liability company:		5	TAC
(Note: MAY BE POST OFFICE BOX)			<u></u> ż
	1		爱;
June 17, 2013	M13000003843		NSSEI
3. Date of filing/registration in Florida	<ol> <li>Document number</li> </ol>	亲	<u></u>
		= =	رم لي.
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dep	t. of State	
Registered Agent:	Corporation Service Com	CD (	DA A
Registered Office Address:	1201 Hays Street		
Registered Office Address.	1201 Hays Street		_
	Tallahassee, FL 32301-2525		_
NEW Registered Agent:		National Corporate Research, Ltd., Inc.	
NEW Registered Office Address:	155 Office Plaza Drive		
MUST BE FLORIDA STREET ADDRESS	155 Office Plaza Drive		_
	Tallahassee	,FL_32301	
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char the members of the limited liability company or as of the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	the Florida street address of the reg identical. Or, in the case of a Flor age(s) was/were authorized by an a herwise provided in the articles of c	ristered office ida limited ffirmative vote	of
Robert Vanecko			
Printed or typed name of signee			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of the Chapter 605, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con		further agree to ce of my duties, orovided for in gistered office of this change.	0
Signature of Registered Agent Mark Thomas Assistant Se	- cretary		

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

INHS18 (12/13)