## M13000061245

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Document Number)					
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date: June 02, 2017	Account#: I2000000088
Name: Michelle Walker	
Reference #: <b>C019107</b>	
Entity Name: CRESTVIEW AT CORDOVA	A, LLC
☐ Articles of Incorporation/Authorization to Transa	ct Business
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
Please include a copy of cover letter with retu	rned evidence. Thanks!
Authorized Amount:\$25	Please note: If authorized amount is incorrect, please call Michelle at 518-213-0737.
Signature: Michella Walker	

## 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.

ı.	Nar	ne of the limited liability company:	CRESTVIEW	AT CORDOVA, LLC		
2. (ε	(a)	a) Principal office address of limited li (Note: MUST BE STREET ADD	iiability company: ORESS)	1247 Waukegan Rd Suite 200		
				Glenview, IL 60025		
<b>(b</b> )	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1247 Waukegan Rd Suite 200			
		(MINICE MANY DEST COST OF THE BOXY)	Glenview, IL 60025			
Se	epte	ember 26, 2013		M13000006245		
3.	Dat	e of filing/registration in Florida	4	. Document number		
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
		Registered Agent:		C T CORPORATION SYSTE	:M	
		Registered Office Address:		1200 SOUTH PINE ISLAND ROAD		
				PLANTATION, FL 33324		
	<b>(</b> b)	Enter name of <u>NEW Registered As</u>	gent and/or NEW	Registered Office address:		
		NEW Registered Agent:		COGENCY GLOBAL INC.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADD.		(DDRESS)	115 North Calhoun St., Suite 4			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Tellahassee ,FL	32301	
and liat the the	ifirm the oility me ope	imited liability company is not organ ned that after the change or changes business office of the registered ago y company, it is hereby confirmed the mbers of the limited liability company trating agreement of the limited liability	are made, the Floent will be identicated at the change(s) was or as otherwise lity company.	rida street address of the registere al. Or, in the case of a Florida lin was/were authorized by an affirma	ed office nited tive vote of	
Sign	lature	of a member or authorized representative of a m	nember			
Ala	an F	Pollack				
		r typed name of signec				
I h con and Chi add	eret Iply II a apte ires:	by accept the appointment as register with the provisions of all statutes remaining the obligation of	red agent and ag elative to the projections of my pos- eing filed to merciality company	ree to act in this capacity. I further and complete performance of it for as registered agent as providely reflect a change in the register has been notified in writing of this	<del></del>	
Sign	natur	of Registered Agent Sean Honan, Ass	lstant Secretor		7 7	
				7, Tallahassee, FL 32314	2	
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