Division of Corporations

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To:			
	Division of Co	rporations	. حد
	Fax Number	: (850)617-6383	
From:			SS.C.
	Account Name	: UNITED AGENT GROUP INC.	
	Account Number	: 120160000086	ָרָת <u>.</u>
	Phone	: (561)508-5033	<u> </u>
	Fax Number	: (561)694-1639	· in
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LLC REGISTERED AGENT CHANGE LIPT COLLINS AVENUE, LLC

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Estimated Charge	\$25.00

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is:	LIPT C	ollins Avenue, LLC	(-	20120	_
(a) Principal office address of the limited liability con	трапу:	333 West Wacker Drive, 23rd Floor	<u> </u>		- (111 127
(NI_A_, BELICUT THE CUMPLETORY A PARABLECO)			r	C)	į (J-,
(Note: MUST BE STREET ADDRESS)		Chicago IL 60606	:=::	2	- (
(b) Mailing address of limited liability company:		333 West Wacker Drive, 23rd Floor	- 		- 됩니다 - 됩니다
(Note: MAY BE POST OFFICE BOX)		Chi VI 60606			- (
		Chicago IL 60606			_ `\=d
11/8/2013		M13000007112		<u>~</u>	_
3. Date of filing/registration in Florida		4. Document number			
5.(a) Registered Agent and Registered Office si	shown o	n the records of the Florida Dept. o	of State:		
Registered Agent:		CORPORATION SERVICE COMPA	NY		_
Registered Office Address:		1201 HAYS STREET			-
		TALLAHASSEE FL 32301			- -
(b) Enter name of NEW Registered Agent and/or	NEW Re	gistered Office address:			
NEW Registered Agent:		United Agent Group Inc.			_
NEW Registered Office Address:		801 US Highway 1		,	_
MUST BE FLORIDA STREET ADDRES	SS)				_
		North Palm Beach FL 334	108		_
If the limited liability company is not organized under the or changes are made, the Florida street address of the residentical. Or, in the case of a Florida limited liability of an affirmative vote of the members of the limited liability the operating agreement of the limited liability company (Signature of a member or authorized representative of a mem	egistered o company, i ity compa iy.	office and the business office of the regist it is hereby confirmed that the change(s) v	cred agent was/were at	will be athorized	l by
Joseph Panholzer, Attorney-in-Fact (Printed or Typed name of signee)					
I hereby accept the appointment as registered agent and of all statutes relative to the proper and complete performy position as registered agent as provided for in Chap in the registered office address, I hereby confirm that the (Signature of Registered Agent)	pter 605, i he limited Joseph P	f my duties, and I am familiar with and ac F.S. Or, if this document is being filed to liability company has been notified in wri anholzer, Special Secretary	ccept the ol merely refl	bligation ect a cha	s of inge
Division of Corporations,	P.O. Bo	ox 6327, Tallahassee, FL 32314			

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