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(Re	equestor's Name)							
(Ac	idress)							
(Ad	idress)							
(City/State/Zip/Phone #)								
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(Business Entity Name)								
(Document Number)								
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UT 23 MIS J. HARRIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: October 20, 2015

Order#: 830301-310

Re: MFREVF-LOFTS AT SODO, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	lame of the limited liability	company: MFREVF-LOF	TS AT SC	DO, LLC			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	353 North Clark Stree	et					
	Chicago	IL 60654					
	11/19/2013			M130000	07315		
3.	Date of filing/regi	istration in Florida	4.		Document numbe	r	
5. (a)) CT Corporation System	1					
• , ,		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	1200 South Island Road						
	Registered Office Address (A				-		
		<u> </u>		·	-		
	Plantation	, F.	L <u>33324</u>		-	A	
						2015 OCT	Congress.
(b) _			1000 1		-		2 <u>(</u>
	Enter name of NEW Registered	Agent and/or NEW Registere	d Office add	<u>lress</u> :		SOUTH INDI-	Carrier .
	1201 Have Charact				į	SFF 2	S Erranner
	1201 Hays Street NEW Registered Office Addres				- -		4 7 1
	NEW Registered Office Address				- AGNA	14:1	- Markette gam 19 19 19 19
	Tallahassee	, Fi	L <u>32301</u>		-		
the chagent was/w	limited liability company is ange or changes are made, the will be identical. Or, in the tere authorized by an affirmaticles of organization or the control of the series of organization or the series or organization or the series of organization or the series or organization organization or organization organization or organization organization or organization organization organization organization organization organization organization organization organization organizatio	he Florida street address o case of a Florida limited I ative vote of the members	of the regis iability co of the limi	tered office mpany, it is ited liability	e and the business of s hereby confirmed y company or as ot	office of the I that the ch	registered
				a Priebe, A	Authorized Person		
_	ature of a member or authorized re	•			Printed or typed name	•	
I here provis the ob to mer notifie	thy accept the appointment of ions of all statutes relative to ligations of my position as rely reflect a change in the red in writing of this change.	is registered agent and age the proper and complete egistered agent as provide egistered office address, I	ree to act e performo ed for in C hereby co	in this cape ince of my e hapter 605 infirm that i	acity. I further agg duties, and I am fa , F.S. Or, if this d the limited liability	ree to compountiar with ocument is in company h	ly with the and accept being filed as been
Signati	ure of Registered Agent Corpora	ation Service Company	BY: G	race E. Kir	by, Assistant VP		

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