

11/13/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

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LLC REGISTERED AGENT CHANGE
ICON CHAD OWNER POOL 5 GA/FL, LLC

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T. CLINE

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EXAMINER

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Corporate Filing Menu

Help

ICON CHAD OWNER POOL 5 GA/FL, LLC

2. (a) Two North Riverside Plaza Suite 2350 (b) _____

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Chicago, IL

60606

11/22/2013

M13000007438

3.	Date of filing/registration in Florida	4.	Document number
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5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CORPORATION SERVICE COMPANY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 HAYS STREET

TALLAHASSEE FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Stephanie Boehm

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: CT Corporation System Kimberly Laughrey Kimberly Laughrey, Assistant Secretary
Signature of Registered Agent

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