M15000001606

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date:5/24/	2017	Account#: I2000000088
Name: KENDAL	L HOWELL	
Reference #:	G032404	
Entity Name:		3800 LLC
		ition to Transact Business
Amendment		
☑ Change of Agent	t	
Reinstatement		
Conversion		
☐ Merger		
☐ Dissolution/Witho	drawal	
☐ Fictitous Name		
Other		
Authorized Amount: Signature:	\$25.00	

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: CHOLLA 3800 LLC					
iname o	f Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this m	natter to the following:				
Rose Morgan					
Name of Person	•				
L3 Capital LLC					
Firm/Company					
410 N. Michigan Ave. STE 850	•				
Address					
	·				
Chicago, IL 60811					
City/State and Zip Code					
•					
rose.morgan@l3capital.com					
E-mail address: (to be used for future annual t	report notification)				
For further information concerning this matter, plea	use call:				
	•				
	t (312) 878-4842				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section					
Division of Corporations Division of Corporations					
Clifton Building					
2661 Executive Center Circle Tallahassee, Florida 32314					
Tallahassee, Florida 32301					
Enclosed is a check for the following amo	ount:				
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)	,				

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.

I. Na	une of the limited liability company:		CHOLLA 3800 LLC
2. (a)	410 N MICHIGAN AVE	_ (b)	410 N MICHIGAN AVE
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (9).	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 850	_	SUITE 850
	CHICAGO, IL 60611		CHICAGO, IL 60611
	03/02/2015		M15000001606
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T CORPORATION SYSTEM	l	
	Registered Agent and Registered Office shown on the records of the	ne Florida D	ept. of State:
	Registered Office Address OMUST BE FLORIDA STREET A	DDRESS)	
	1200 SOUTH PINE ISLAND ROA		
	PLANTATION , FL	333	·
(b) _	COGENCY GLOBAL INC.		. <u>81</u>
	Enter name of NEW Registered Agent and/or NEW Registered C	Office addre	<u> </u>
	115 North Calhoun Street, Suite 4		_ ස
	NEW Registered Office Address:		·
			
	Tallahassee , FL	3230	01
the chan agent w was/wer the artic Signatu I hereby provision the oblinto merel notation.	mited liability company is not organized under the laws age or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of lies of organization or the operating agreement of the liable of a member or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of his change. ASSIGNE VIRTUAL	he register bility comp the limite mited liab	ed office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in illity company. Printed or typed name of signee