M 15000006361

(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			

Office Use Only



600300656966

2017 JUN 26 AH 8: 10 SAUNT ARY OF STATE TALLAHASSEE PLORIDA

JUN 26 FH 2: 04

WARRENE STORY



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

Account#: I20000000088

Date: June 26, 2017	
Name: Marisa Kugelma	ann
Reference =: C0193	372
Entity Name: CARROLI	LWOOD STATION LLC
Articles of Incorporation A	uthorization to Transact Business
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	
Merger Merger	
Dissolution Withdrawal	
☐ Fictitous Name	
Other	
Authorized Amount: #25.0	00

• CORPORATE HO

COGNIC FOR BALLYC TELL STILL FL TO TRUTH

800.271.0102 -1.212.947.7200 • EUROPEAN HQ

+44 (0)20.37861090

ASIA PACIFIC HQ

C. DE GENERAL BROOMS (NOTE)

THE SERVED PROCESS (NOTE)

HOUSE AND ELECTRICAL

HOUSE NOTE (NOTE)

4852.3975.1803





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

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.

1. Name of the limited liability company: CARROLLW	OOD STATION LLC	
2. (a) Principal office address of limited liability compa- (Note: MUST BE STREET ADDRESS)	ny: 1247 Waukegan Rd Suite 200	
(Nois: MOST BE STREET ADDRESS)	Glenview, IL 60025	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1247 Waukegan Rd Suite 200	
(France Marie Basic Control Basic)	Glenview, IL 60025	
8/11/2015	M15000006361	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dep	t, of State:
Registered Agent:	Corporation Service Cor	nda S
Registered Office Address:	1201 Hays Street	
	Tallahassee, Ft 32301-2525	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address	AH &
NEW Registered Agent:	COGENCY GLOBAL INC.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	115 North Calhoun St., Suite 4	
(HOST BE FLORIDA STREET ADDRESS)	Tellahassea	FL 32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise of the parating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the reg ntical. Or, in the case of a Flori s) was/were authorized by an af vise provided in the articles of o	sistered office da limited ffirmative vote of
Alan Pollack		
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my E Chapter 605 F.S. Or, if this document is being filed to a address, I pereby capture that the limited liability compa	agree to act in this capacity. I proper and complete performant position as registered agent as p perely reflect a change in the re my has been notified in writing	further agree to ce of my duties, provided for in gistered office of this change.

Signature of Registered Agent Sean Honan, Assistant Secretary

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

INH\$18 (12/13)