## MISCOCO 7314

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(City/State/Zip/Phone #)					
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## 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.	Nai	me of the limited liability company: CDF JOINT VENT	TURES	LLC	
2 (	(e	5595 Trillium Boulevard	_ (b)	١	•
٠. ر	ω, .	Principal office address of limited liability company:	- (0,		Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
		Hoffman Estates, IL 60192	-		
		09/14/2015	_	M150000	07314
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	C T Corporation System			
٥.	(4)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	- e:
		1200 South Pine Island Road			
		Registered Office Address MUST BE FLORIDA STREET AL	DRESS	1	
					-
		Plantation , FL	33324		-
+	(b)	Corporation Service Company		<b>1</b>	·
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	JITICE BO	aress:	É 🚗
		4004 Hours Office 4			6 OCT 28
		1201 Hays Street NEW Registered Office Address:			CT ASS
		ATTY AMBRICAN OFFICE PROMOTES			SEE.
		·			
		Tallahassee , FL_	32301		- R
Τf+	he l	imited liability company is not organized under the laws	s of the	State of Fl	
the	cha	nge or changes are made, the Florida street address of t	he regis	stered offic	e and the business office of the registered
		vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of			
		cles of organization or the operating agreement of the li	imited l	liability cor	npany.
1	m	Rul	Her	ary K. Jord	lan
	_	ture of a member or authorized representative of a member			Printed or typed name of signee
noi	пре	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I hi d in writing of this change.			
SI	matu	re of Registered Agent Corporation Service Company	RI: 2	yıvıa Quer	opet, Asst. Vice President

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

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1. N	ame of the limited liability company: CDF JOINT VEN	NTURES, LLC	
2. (a)	5595 Trillium Boulevard	(b)	•
(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Hoffman Estates, IL 60192		
	09/14/2015	M1	5000007314
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System  Registered Agent and Registered Office shown on the records of the state	he Florida Dept	of State:
	Registered Office Address MUST BE FLORIDA STREET A	(DDRESS)	<del></del>
		33324	FALLAH
(6)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 1201 Hays Street	Office address:	THE THE PERSON OF THE PERSON O
	NEW Registered Office Address:		SIAR CORIDA
	Tallahassee ,FL	32301	· · · · · · · · · · · · · · · · · · ·
the chagent was/v	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia /ere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered ability compa of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
m	Folul	Henry F	C. Jordan
I here provis the ob- to me notifie	edure of a member or authorized representative of a member seby accept the appointment as registered agent and agr sions of all standes relative to the proper and complete iligations of my position as registered agent as provide rely reflect a change in the registered office address, I i and in writing of this change.  The of Registered Agent Corporation Service Company	performance d for in Chap hereby confir	Printed or typed name of signee his capacity. I further agree to comply with the of my duties, and I am jamiliar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been a Queppet, Asst. Vice President

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



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: October 26, 2016

Order#: 341883-009

Re: CDF JOINT VENTURES, 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: Janis M. Smith 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.

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