M16000002302

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

Office Use Only



800295397668

02/17/17--01013--019 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations		· •	
SUBJ				
	Nam	e of Limited Lia	bility Company	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Offi	ce Change and fo	ee(s) are submitted for filing.	
Please	return all correspondence concerning thi	s matter to the fo	ollowing:	
David	d Fuechtman			
	Name of Person		-	
Farm	nton 5A, LLC			
	Firm/Company		-	
410 I	N. Michigan Ave. Suite 590			
	Address	,	_	
Chica	ago, IL 60611			
	City/State and Zip Code		<u>-</u>	
hhuto	chens@miami-corp.com			
I	E-mail address: (to be used for future ann	ual report notific	eation)	
For fu	orther information concerning this matter,	please call:		
David	d Fuechtman	312 at (644-6720	
	Name of Person		Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
	☑ \$25 Filing Fee	\$55	Filing Fee & Certified Copy	
INHS1	18 (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.

1. N	ame of the limited liability company: Farmton 5A,	LLC		
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing ad	dress of limited liability company: MAY BE POST OFFICE BOX)
	410 North Michigan Avenue, Suite 590		410 North Mich	igan Avenue, Suite 590
	Chicago, IL 60611	_	Chicago, IL 606	311
	3/18/2016		M16000002302	
3.	Date of filing/registration in Florida	4.	Docume	ent number
5. (a))			
<i>5.</i> (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State:	
	CT Corporation System			4
	Registered Office Address (MUST BE FLORIDA STREET	<u>S)</u>	ASS +	
	1200 South Pine Island Road			CRE CRE
	Plantation , FI	33324		7 FEB 17 CRE TARY LAHASSEI
(b)	Michael A. Brown			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office a	ldress:	NIS NIS SINIS
	Farmton 5A, LLC			DA -
	NEW Registered Office Address:			
	3450 Old Dawson Ranch Road			
	Edgwater , FI	_3213 ⁻	<u> </u>	
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the attraction of a member or authorized representative of a member	f the regiability of the line	istered office and the ompany, it is hereby nited liability compan liability tompany. In the Fuechtman	business office of the registered confirmed that the change(s)
I here provis the ob to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to ac e perfori ed for in hereby	et in this canacity. It	Surther garee to comply with the

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

Signature of Registered Agent