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(Re	equestor's Name)			
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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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S. PRATHER

## COVER LETTER

Registration Section

TO:

Division of Corporations				
SUBJECT: DOC-2000 LEWIS TURNER BOULEV	/ARD MOB, LLC			
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to	he following:			
Tonya Gideon				
Name of Person				
Universal Registered Agents, Inc.				
Firm/Company				
524 S. 2nd St., Suite 505				
Address				
Springfield, IL 62701				
City/State and Zip Code	<del></del>			
info@uragents.com				
E-mail address: (to be used for future annual report no	otification)			
For further information concerning this matter, please call:				
Tonya Gideon 217	, 501-4283			
Name of Person	Area Code & Daytime Telephone Number			
Registration Section Division of Corporations Clifton Building	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			
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.

2. (a)		(	b)
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(Nate: MAY BE POST OFFICE BOX)
3	309 N Water Street		309 N Water Street
9	Suite 500		Suite 500
M	lilwaukee, WI 53202		Milwaukee, WI 53202
- 3.	Date of filing/registration in Florida	4.	Document number
i. (a) 0	5/25/2016		
	gistered Agent and Registered Office shown on the records	of the Florid	ia Dept. of State:
R	REGISTERED AGENT SOLUTIONS, INC	). 	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<u> </u>
1	55 OFFICE PLAZA DR. SUITE A		· : : : : : : : : : : : : : : : : : : :
Т	allahassee,	<sub>F1</sub> 32301	- <sup>-</sup> 2
			·
(b) U	niversal Registered Agents, Inc.		
En	iter name of NEW Registered Agent and/or NEW Registe	red Office at	ddress:
			ddress:
	EW Registered Office Address:		
	317 California Street		
	317 California Street		
Т	allahassee	<sub>ET</sub> 32304	1
_			
– f the limi	ted liability company is not organized under the	laws of the	e State of Florida, it is hereby confirmed that after
— f the limi he change	ited liability company is not organized under the e or changes are made, the Florida street address	laws of the	e State of Florida, it is hereby confirmed that after distered office and the business office of the registere
f the limi he change gent will vas/were	ited liability company is not organized under the e or changes are made, the Florida street address be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member	laws of the of the reg I liability of the lin	e State of Florida, it is hereby confirmed that after distered office and the business office of the registere company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in
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