1117000010491

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF SAMIONS
DIVISION OF CORPORATIONS
18 FEB -1 AN 10: 52



K. SALY FEB 2 2018 CORPORATION SERVICE COMPANY

CONTACT PERSON: Roxanne Turner

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT I	OV	12000000)195	
REFEREI	NCE :	054831	8172146	
AUTHORIZAT	ION :	Locales	leman	,
COST LI	MIT :	\$ -35.00 -	\$ 25.00 45	
ORDER DATE : February 1, 2	2018			
ORDER TIME : 3:0 PM				
ORDER NO. : 054831-035				
CUSTOMER NO: 8172146				
				- -
CHANGE (OF AGEN	<u>TT</u>		
NAME: RESIDENTIA	NT. UOME	יפ ביסם סביאי	r t.t.C	
MAME: RESIDENTIA	ALI HOME	S FOR REN.	I DUC	
DIENCE DEMINA MIE MOTIOUTA	יים אני די		TNC.	
PLEASE RETURN THE FOLLOWING	J AS PK	OOF OF FII	TING:	
CERTIFIED COPY				
XX PLAIN STAMPED COPY				

EXAMINER'S INITIALS:

COVER LETTER

Division of Corporations
SUBJECT: Residential Itanics for Kenz LLC Name of 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 matter to the following:
Bruce Golds Tone Name of Person
Residential Homes for Renz LLC Firm/Company
300 N CaSalle II 5550 Address
(h: Lago JC 60654 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bruce Golds Ton C. at (773) 259-0789 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
266) Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:
🗆 \$25 Filing Fee & Certified Copy

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.

1.34.1	300 N LA SALLE ST	(b) _	
147	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	SUITE 5550	 -	
	CHICAGO, IL 60654		
	12/12/2017	!	M17000010491
	Date of filing/registration in Florida	4.	Document number
. (a)	C T CORPORATION SYSTEM		
(a	Registered Agent and Registered Office shown on the records of	the Florida D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	E8 380
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION F	l. <u>33324</u>	
	1201 Hays Street		
	NEW Registered Office Address:		
	NEW Registered Office Address:		
	NEW Registered Office Address: Tallahassee	1_32301	constitution is in baraby confirmed that after
the c agen	Tallahassee Timited liability company is not organized under the hange or changes are made, the Florida street address t will be identical. Or, in the case of a Florida limited	aws of the foot the regis liability co	impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
the c agen was/ the a	Tallahassee	aws of the of the regis liability cost of the limited	impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in iability company.
the cagen was/ the a	Tallahassee Timited liability company is not organized under the hange or changes are made, the Florida street address t will be identical. Or, in the case of a Florida limited	aws of the of the regis liability co s of the limited	ompany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in iability company. Ce Goldstone Printed or typed name of signee