M1800006607

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

Office Use Only



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SEP - 8 2018

S. PRATHER

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: DOC-9726 Touchton Road I	MOB, LLC
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	_
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	
info@uragents.com	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Tonya Gideon	217 501-4283
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 a	nmount;
☑ \$25 Filing Fee	☐ \$55 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. N	ame of the limited liability company; DOC-9726 T	Couchto	n Road M	OB, LLC		
					<u> </u>	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(.	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 309 N Water Street Suite 500			
	309 N Water Street					
	Suite 500					
	Milwaukee, WI 53202		Milwauke	ee, WI 53202	2	
3.	Date of filing/registration in Florida	4.	·	Document nur	nber	-
5. (a)	07/19/2018					&
J. (6)	Registered Agent and Registered Office shown on the records o	f the Florida	a Dept, of Star	 te:	· •	œ
	REGISTERED AGENT SOLUTIONS, INC.				* - √	. SEp
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u></u>	_	•	€ .
	155 OFFICE PLAZA DR. SUITE A					5 -
	Tallahassee	32301		_		7791 2.30 2.30 2.30 2.30 2.30
	Universal Registered Agents Inc		- 1	_	11	===
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office od	dener:	_		
	Since the second	o Omer no	GIC44.			
	NEW Registered Office Address:	•		_		
	1317 California Street					
				_		
	Tallahassee, Fi	_L 32304		_		
the cha agent was/w	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited the ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iws of the of the reginability control of the lin	State of Fl stered offic sinpany, it in ited liabili	e and the busing is hereby confir ty company or a	ess office of t	he registered
,	John I. Chrom	Joh	n T. Tho	mas, Authoriz	zed Signer	
	sture of refinember or authorized representative of a member			Printed or typed	•	
to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I did not this change.	pee to ac e perform ed for in (hereby c	t in this cap ance of my Chapter 60, onfirm that	acity. I further duties, and I au 5, F.S. Or, if th the limited liah	agree to con n familiar wit is document i pility company	iply with the h and accept is being filed v has been
Signan	re of Registered Agent					