Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please 150

Email Address:

LLC REGISTERED AGENT CHANGE W.A. CHESTER, L.L.C.

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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, Florid 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.

| . (a) | Principal office address of limited liability company: | _ (| b) | Mailing address of limited liability company: | |
|---------------------------|--|----------------------|----------------------------|--|-----------------|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 701 Ninth Street NW | | 10 South | h Dearborn Street, 49th Floor | |
| | Washington, DC 20068 | | Chicago | o, IL 60603 | |
| | 03/05/1996 | | M960000 | 00071 | |
| | Date of filing/registration in Florida | 4. | | Document number | |
| . (a) | CORPORATE CREATIONS NETWORK INC | | | | |
| . (u) | Registered Agent and Registered Office shown on the records of t | the Floric | a Dept. of S | itate: | • |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRES | <u>S)</u> | | |
| | 11380 PROSPERITY FARMS RD #221E | | | | |
| | PALM BEACH GARDENS, FL | 33410 | ás. | | |
| | , FL | | | | |
| (b) | | | | 2818 EC | |
| (-, | Enter name of NEW Registered Agent and/or NEW Registered | Office a | ldress: | AR A T | |
| | C T Corporation System | | | ECRETARY LEAHASSE | |
| | NEW Registered Office Address: | | | - <u>Eg</u> 7 m | |
| | 1200 South Pine Island Road | | | Es D | |
| | 1200 South File Island Notes | | | | |
| | Plantation | 33324 | | क्रियः 🖳 | |
| | Plantation , FL | | | | |
| the i | imited liability company is not organized under the law inge or changes are made, the Florida street address of | s of the | State of | Florida, it is hereby confirmed that after | rod |
| eent v | will be identical. Or, in the case of a Florida limited ha | bility c | cinpany, i | it is hereby confirmed that the change(s) | |
| as/wa ie arti | ore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | I the III limited | nited liabi liability c | ility company or as otherwise provided in | 1 |
| •• | Margart Holan | | | | |
| Signa | ture of a member or authorized representative of a member | | | Printed or typed name of signee | |
| | by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete | ee to ue perfori | et in this congree of n | apacity. I further agree to comply with t ny duties, and I am familiar with and acc 505 F.S. Or. If this document is being fil | he ept ed |
| hered rovisi ne obl | ions of all statilies relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have been as the change of the registered office address, I have been appeared to the change of the registered of the change of the registered of the change of the registered of the re | i for itt | Caapter to | at the limited lightlity company has been | ř |

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