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T. HAMPTON



COR	PORATION	SERVICE	COMPANY.	

ACCOUNT NO. : I2000000195

REFERENCE: 879282 4359881

AUTHORIZATION :

COST LIMIT :

ORDER DATE: November 8, 2013

ORDER TIME : 8:47 AM

ORDER NO. : 879282-005

CUSTOMER NO: 4359881

CHANGE OF AGENT

NAME: CFS OF TAMPA, FL, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	CFS of Tampa, FL, L.L.C.		
SODULOT.	Name of	Limited I	Liability Company
Dear Sir or N	Лаdam:		
The enclosed	Registered Agent/Registered C	Office Cha	ange and fee(s) are submitted for filing.
Please return	all correspondence concerning	this matt	er to the following:
Jennifer Howe	9	٠	
	Name of Person		
Patzik, Frank	& Samolny Ltd.		
···	Firm/Company		
150 S. Wacke	er Drive, Suite 1500		
	Address		
Chicago, IL 6	0606		
····	City/State and Zip Code		
jhowe@pfs-la	w.com		•
E-mail addr	ress: (to be used for future annual report n	otification)	
or further in	formation concerning this matte	er, please	call:
Jennifer Howe	1	312 at (551-3095
	Name of Person	- *** \	Area Code & Daytime Telephone Number
Regist Divisio Cliftor 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations a Building Executive Center Circle assec, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclo	sed is a check for the followin	g amoun	nt:
■ \$25	Filing Fce		\$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 608.416 or 6 liability company submits the following statement in agent, or both, in the CONCUMED ETNANCIAL	08.508, Florida Statutes, the undoporder to change its registered offi L SERVICES OF TAMPA,	ce or registered
1. Name of the limited liability company: CFS of Tan		
2. (a) Principal office address of limited liability com	pany: 300 S. Green Bay Road Waukegan, IL 60085	
(Note: MUST BE STREET ADDRESS)	Waukedall, IF 00000	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	300 S. Green Bay Road Waukegan, IL 60085	
March 19, 1999	M99000000403	÷
3. Date of filing/registration in Florida	4. Document number	*************************************
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept.	. of State:
Registered Agent:	James D. Luce	
Registered Office Address:	10431 U.S. Hwy 19 Port Richey, FL 34668	
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:	, , , , , , , , , , , , , , , , , , ,
NEW Registered Agent:	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
DAUST DE LEGADA BERGET ADURESS	Tallahassee	,FL 32301
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be it liability company, it is hereby confirmed that the change the members of the limited liability company or as other than operating agreement of the limited liability company. Signature of a member or authorized representative of a member	ne Florida street address of the regist dentical. Or, in the case of a Floridate(s) was/were authorized by an affirm the provided in the articles of or	stered office a limited irmative vote of
Jeffrey Brincat Printed or typed name of signee		
Thereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and 1 am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confign that the limited liability comp	nd agree to act in this capacity. I full proper and complete performance position as registered agent as primerely reflect a change in the regionary has been notified in writing of	urther agree to cof my duties, ovided for in istered office this change.
By: Corporation Service Company	Assistant Vice President	
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314	OI3 N Sect
FILING FEE	:: \$25.00	2013 NOV 12 SECRETARY
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