Division of Corporations Electronic Filing Cover Sheet

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From:

Account Name : CORPORATION SERVICE COMPANY

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

Email Address:

REGISTERED AGENT CHANGE CK-FLA DEVELOPMENT CORP.

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To: florida

Company:

Fax: 8506176380

Phone:

From: Doreen Wallace

Fax:

Phone: (850) 521-0821x2928 E-mail: dwallace@cscinfo.com

NOTES:

ck0fla development

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Doreen Wallace Customer Service Specialist Corporation Service Company 800-927-9801 ext. 2928 www.escglobal.com

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation; CK-FLA Development Corp.	
	office address: 225 West Ohio Street, 6th Floor, Chicago, IL 60654	_
3. The mailing a	address (if different):	- -
4. Date of incorp	poration/qualification: 11/16/2004 Document number; P04000156371	- -
	I street address of the current registered agent and registered office on file with the turnent of State:	
	William M. Seider	
	200 S. Orange Avenue	
	Sarasota, FL 34236	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	T
	Corporation Service Company	Minster .
	1201 Hays Street	<u> </u>
	(P.O. Box NOT acceptable) Tallahassee, FL 32301	
Such charge wa authorized by th I hereby accept I further agree to of my duties, and document is bein corporation has	ess of its registered office and the street address of the business office of its registered agent, be identical. As authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. Control of the change of the change of the change of the change of the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance of 1 am familiar with and accept the obligation of my position as registered agent. Or, if this is been notified in writing of this change.	len+
By: (Signing on bell Jeaning as i	half of an entity: Be Reynolds Its agent Typed or Printed Name)	

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)