

PO 70000 79742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

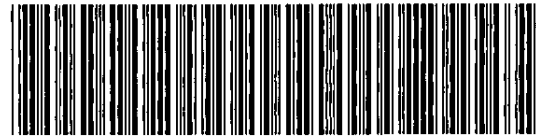
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 SEP -5 AM 8:54
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA
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9.6.12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 324488 7603235

AUTHORIZATION

Lyndee

COST LIMIT : \$ 35.00

ORDER DATE : August 24, 2012

ORDER TIME : 3:30 PM

ORDER NO. : 324488-020

CUSTOMER NO: 7603235

CHANGE OF AGENT

NAME: CL CHICAGO, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER: _____

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

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: CL CHICAGO, INC.
2. The principal office address: _____
231 18th Street, 8150 , Atlantic, GA 30363
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/12/2007 Document number: P07000079742
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

Matthew D. Pipes

100 S. Ashley Drive, Suite 1300

Tampa, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Corporation Service Company

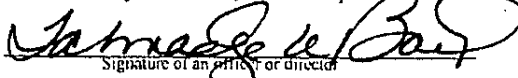
1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Talmadge U. Bailey, CFO

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as registered
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I
hereby confirm that the corporation has been notified in writing of this change.*

Corporation Service Company
By: 

Signature of Registered Agent

9-4-12

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. VP

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 (03/12)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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