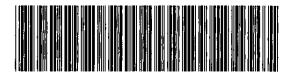
506089

(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
. PICK-UP	☐ WAIT	MAIL		
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R.A. Change

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Capital Resources of Chicago, Inc.					
(Name of Co	orporation)				
506080	, 11.				
DOCUMENT NUMBER: S06089					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Patricia Mavrakis					
(Name of Contact Person)					
•	,				
Capital Resources of Chicago, (Firm/Co					
(Fillin/Co	mpany)				
611 Druid Road E., St. 401					
(Add	ress)				
Clearwater, FL 33756					
(City/State an	nd Zip Code)				
For further information concerning this matter, please call:					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Patricia Mavrakis	at (727) 441-3474 (Area Code & Daytime Telephone Number)				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
•					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address:	Street Address:				
Amendment Section	Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

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

statement of change is	sions of sections 607.0502, 617.0502, 60 s submitted for a corporation organized t hange its registered office or registered o	under the laws of the State of Flo	rida
1. The name of the co	orporation: Capital Resources of Chicago	o, Inc.	
	e address: 611 Druid Road E., St. 401, C		
3. The mailing addres	es (if different):		
4. Date of incorporation	on/qualification: 10/11-1990	Document number: S06089	
5. The name and stree Florida Department	et address of the current registered agent at tof State:	and registered office on file with the	he
Leo	ta L. Boesch		Z., B
143	33 S. Ft. Harrison Ave., St. A	· · · · · · · · · · · · · · · · · · ·	TACCARION SECURITY
Cle	arwater, Fl 33756		SE I
6. The name and stree (if changed):	et address of the new registered agent (if o	changed) and /or registered office	7 PH 4: 18
<u>Pat</u>	tricia Mavrakis		3 5 3 5
<u>611</u>	Druid Road E., St. 401		
Cle	(P.O. Box NOT acceptable) arwater, Fl 33756		
The street address of as changed will be id	its registered office and the street address.	ess of the business office of its re	egistered agent,
Such change was aut authorized by the box	thorized by resolution duly adopted by it ard, or the combration has been notified	its board of directors or by an off d in writing of the change.	ficer so
(Signature of a	on opticer or director)	ary R. Boesch, President (Printed or typed name and title)	
I hereby accept the	appointment as registered agent and aging the provisions of all statutes in a familiar with and accept the obligation and accept the obligation and accept the obligation and the region of this change. In the region of this change.	ree to act in this canacity	
102	Cb	11-3-08 (Date)	
(Signature) If signing on behalf of	of Registered Agent) of an entity:	(Date)	
	•		
(Typed o	or Printed Name)		
	* * * FILING FEE: \$	35.00 * * *	