## **UNOFFICIAL COPY**

FORM NFP 105.10/105.20 (rev. Dec. 2003) STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

General Not For Profit Corporation Act

Jesse White, Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-3647 www.cyberdriveillinois.com

Remit payment in the form of a

NOV 0 7 2005 SECRETARY OF STATE



Doc#: 0533503066 Fee: \$26.50

Eugene "Gene" Moore

Cook County Recorder of Deeds
Date: 12/01/2005 03:16 PM Pg: 1 of 2

	ck or money order payable ne Secretary of State.			
	· A )	6 3553	Filing Fee: \$5.00 Approved:	<b>-</b>
	Subrivitir d'unicateType or Print clea	arly in black ink	-Do not write above this line	
1.	CORPORATE NAME: Cabrini Green Legal Aid	Clinic		
2.	STATE OR COUNTRY OF INCOPPORATION: L	llinois		
3.	Name and address of the registered agent and re of the Secretary of State (before change).	egistered office as the	y appear on the records of the office	<b>-</b>
	Registered Agent David L Bea			
	Registered Office 19 S LaSalle St Ste		Last Name	_
	Number Street Chicago, IL 60603	Suite No. (A P.	O. Box alone is not acceptable)  Cook	
	City	ZIP Code	County	-
4.	Name and address of the registered agent and re	gistered office shall be	e (after all changes herein reported)	) <i>:</i>
	Registered Agent David L. Bea	()	,	
	Registered Office 19 S. LaSalle St. Suite	<i>Middle Name</i> e 1300	Last Name	
	Number Street Chicago, IL 60603	Suite No. (A P.	O. Box ετοπe is not acceptable) Cook	-
	City	ZIP Code	County	-
5.	The address of the registered office and the address will be identical.	s of the business office	of the registered egent as changed	١,
6.	The above change was authorized by: ("X" one bo	ox only)		
	a. $\square$ By resolution duly adopted by the board of	f directors. (A	Note 5)	
	b. 🗹 By action of the registered agent.	(1	Vote 6)	

SEE REVERSE SIDE FOR SIGNATURES(S).

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## "UNOFFICIAL COPY

ated	(Month & Day)	, <u>(Year)</u>	(Exact Name of Corporation)	
			(—————————————————————————————————————	
	(Any Authorized Officer's			
	(Type or Print Name a	nd Title)		
lf chanc	e of registered office by registe	ered agent sigi	here. See Note 6)	
The	undersigned, under penalties	of perjury, affiri	ms that the facts stated herein are true.	
ated	November 3	0,2005	(1/1/2)	
	(i for ith & Day)	(Year)	(Signature of Registered Agent of Record)	
١,٠	O/X		DAVID L. BEA	
			Type or print name. If the registered agent is a corporation, typor print the name and title of the officer who is signing on it	
	9)		behalf.)	
		C		
		OZNO	DTES	
<b>T</b> L -		d not be the ex	me as the principal office of the corporation. However, th	
. The regi	istered office and the office add	Iress of the reg	istared agent must be the same.	
The registered office must include a street or road address, a post office box number alone is not acceptable.				
3. A corporation cannot act as its own registered agent.				
of d	If the registered office is changed from one county to another, then the corporation must file with the recorder of deeds of the new county a certified copy of the articles of incorporation and a certified copy of the statement of change of registered office. Such certified copies may be obtained ONLY from the Secretary of State.			
. Any the	Any change of <i>registered agent</i> must be by resolution adopted by the board of directors. This statement must then be signed by a duly authorized officer.			
.*		-1	registered office of the corporation to; which he or she	

Law Office of David L-Bea 195. Lasalle Suite 1300 Chicago, IL 60603