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## UNOFFICIOLO 2 1 3 FILL FILL FORM OF 2 1 3 FILL FORM OF THE PROPERTY OF THE PRO

BCA 5.10/5.20 (Rev. Jul. 1984)

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JIM EDGAR
Secretary of State
State of Illinois

STATEMENT OF CHANGE OF REGISTERED AGENT ANO/OR REGISTERED OFFICE This Spece For Use By Secretary of State

Dete

Filling Fee \$5.00

Clerk

2. The State of Country of incorporation is ILLINOLS  3. The name and oddress of its registered agent and its registered office as they appear on the records of the office of the Sucretary of State (Before Change) are:  Registered Agent (CUER 2 AMMA) IR Lenkame Registered Office State (Before Change) are:  Registered Office State (Before Change) are:  Registered Office State (Before Change) are:  Middle Name Lenkame Registered Office State (Before Change) are:  State State (Before Change) IR Lenkame  Cury State Office All Changes  Herein Reported):  Registered Agent County  Registered Office HOO SKOKIE State State (Before Change)  Number State (Botte State (Botte County)  North Drock (DODQ (Look County)  5. The address of the registered office and the address of the business of the registered agent, as changed, will be identical.  8. The above change was authorized by: ("X" one box only)  a	1. The	e name of the corporation	on is Professi	enal Herson	MIVES, The	ه د د نگ چېچکسسکو
3. The name and address of its registered agent and its registered office as they appear on the records of the office of the Sicratury of State (Before Change) are:  Registered Agent		- <del>\( \)</del>	T)	1 181015	والمام و ما ۱ تا و المستقامة ومستقرب المستقرب موجود است. و و ووارسة دوب	
Registered Agent Registered Office  Registered Agent  Registered Agent  Registered Office  Registered Office	2. The	e State or Country of in	corporation is			
Registered Office  Registered Office  Registered Office  Registered Office  Registered Office  Registered Office  Registered Agent  Registered Agent  Registered Agent  Registered Office  Registered Offic					e as they appear on the r	ecords of
Registered Office  Registered Office  Registered Office  Street  Street  Suite No. (A.P.O. Box alone is not acceptable)  (HIPPLO) WOLGS  COUNK  City Zip Code  County  Registered Agent  Registered Agent  Registered Agent  Registered Office  R		Registered Agrint	RUCER Z	AMPARO -		
Number   Street   Suite No. (A.P.O. Box above is not acceptable)			First Name		·	
CHICAGO GO TO THE COUNTY  City Zip Code  County  The name and address of its registered agent and its registered office shall be (After All Changes Herein Reported):  Registered Agent  Registered Office  Street  St		Registered Office				
The name and address of its registered agent and its registered office shall be (After All Changes Herein Reported):  Registered Agent		<b>4.4.</b>	Aut iber			4010)
The name and address of its registered agent and its registered office shall be (After All Changes Herein Reported):  Registered Agent  Registered Office  Registered Office and the address of the business of the registered agent, as changed, will be identical.  Registered by: ("X" one box only)  Registered agent, (Note 6)  Registered by the board of directors, sign here. See Note 5)  The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirm, under penalties of perjury, that the facts stated herein are true.  Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Office Skokkie  Registered Agent  Registered						
Registered Agent    Registered Agent   Registered Agent   Registered Office   Register	<b>~</b> \ .		4	,	- · · · ·	
Registered Agent    Per Name   Main Name   Lest Name			its registered agent	and its registered of	ffice shall be (After All	Changes
Registered Office    Fest Name	, ner		DOLLER 7	Company Th	7	
Registered Office 400 SKOKIE Blan Suite No. (A P.O. Box alone is not acceptable)  Number Street Suite No. (A P.O. Box alone is not acceptable)  North brock (000 Q Crock County  5. The address of the registered office and the address of the business of the registered agent, as changed, will be identical.  6. The above change was authorized by: ("X" one box only)  a. G. By resolution duly adopted by the board of directors. (Note 5)  b. By action of the registered agent. (Note 6)  (If authorized by the board of directors, sign here. See Note 5)  The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirm, under penalties of perjury, that the facts stated herein are true.  Dated		Registered Agent	First Name			
Number    Number   Street   Suita No. (A P.O. Box alone is not acceptable)			Mich Sale and	<i>/-//</i> )	· · · _	0%
City Zip Code County  5. The address of the registered office and the address of the business of the registered agent, as changed, will be identical.  6. The above change was authorized by: ("X" one box only)  a. By resolution duly adopted by the board of directors. (Note 5)  b. By action of the registered agent. (Note 6)  (If authorized by the board of directors, sign here. See Note 5)  The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirm, under penalties of perjury, that the facts stated herein are true.  Dated		Registered Office			ب دهید در استان استان این این این این این این این این این ا	bie)
City Zip Code County  5. The address of the registered office and the address of the business of the registered agent, as changed, will be identical.  6. The above change was authorized by: ("X" one box only)  a. By resolution duly adopted by the board of directors. (Note 5)  b. By action of the registered agent. (Note 6)  (If authorized by the board of directors, sign here. See Note 5)  The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirm, under penalties of perjury, that the facts stated herein are true.  Dated			Northbrook	(00062	COOK	
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a. By resolution duly adopted by the board of directors.  b. By action of the registered agent.  (Note 6)  (If authorized by the board of directors, sign here. See Note 5)  The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirm, under penalties of perjury, that the facts stated herein are true.  Dated	6. The	above change was autho	rized by: ("X" one	box only)		
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(If authorized by the board of directors, sign here. See Note 5)  The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirm, under penalties of perjury, that the facts stated herein are true.  Dated					(Note 6)	
The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirm, under penalties of perjury, that the facts stated herein are true.  Dated				a Alada Bl	0	
attested by  (Signature of Secretary or Assistant Secretary)  (Type or Print Name and Title)  (If change of registered office by registered agent, sign here. See Note 6)	The	undersigned corporation	in has caused this st	atement to be signed	d by its duly authorized in are true.	officers,
attested by  (Signature of Secretary or Assistant Secretary)  (Type or Print Name and Title)  (If change of registered office by registered agent, sign here. See Note 6)	Dated		19			
(Type or Print Name and Title)  (Type or Print Name and Title)  (If change of registered office by registered agent, sign here. See Note 6)	<b>Date:</b>	····		(Бха	cl Name of Corporation)	
(Type or Print Name and Title)  (Type or Print Name and Title)  (If change of registered office by registered agent, sign here. See Note 6)	attested l	by		by		
(If change of registered office by registered agent, sign here. See Note 6)		(Signature of Secretary or A	ssistant Secretary)	(Signature	of President or vice president)	
(If change of registered office by registered agent, sign here. See Note 6) The undersigned, under penalties of perjury, affirms that the feegs stated herein are true. Λ		(Type or Print Name	and Title)	(Type	or Print Hame and Title)	
The undersigned, under penalties of perjury, affirms that the facts stated herein are true.	(If change	e of registered office by	registered agent, sign	here. See Note 6)		
	The	undersigned, under pena	alties of perjury, affir	ms that the feets sta	ted herein are true. 🔷	
Dated /2-10 1987 / Conce to such ,	Dated			(Stengure	of Recipired Alent of Repord)	

## **UNOFFICIAL COPY**

## **NOTES**

- 1. The registered office may, but need not be the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same.
- 2. 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.
- 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.
- Б. Any change of registered again, must be by resolution adopted by the board of directors. This statement must then be signed by the President (or vice-president) and by the Secretary (or an assistant secretary).
- The registered agent may report a change of the registered office of the corporation for which he or she is registered agent. When the agent reports such a change, this statement must be signed by the registered agent.

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STATEMENT OF CHANGE OF REGISTERE AGENT AND/OR REGISTERED OFFICE

Filing Fee \$5.00

GIGNILLIAT, HYMEN, ZAMPARO & GOLDSTEIN P.C. 400 SKOKIE BLVD, SUITE 650 NORTHBROOK, N.L 60062

88021340

Corporation Department Secretary of State

RETURN TO:

Telephone 217 — 782-7808 Springfield, Illinois 62756

Form BCA-5.19/5.28

File No.

C-135.4