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File #N 5559.163.6

Form **BCA-5.10** NFP-105.10

(Rev. April 1995)

George H. Ryan Secretary of State Department of Business Services Springfield, IL 162756 Telephone (217) 782-3647 http://www.sos.state.il.us

STATEMENT OF **CHANGE** OF REGISTERED AGENT AND/OR REGISTERED. OFFICE



SEP 70 1999

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8303/0016 52 001 Page 1 of 1999-10-13 09:13:45

Cook County Recorder

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This space for use by **Secretary of State**

Date

9-10-99

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Approved:

MKI

Remit payment in check or money order,

	OTTIOL	CRETARY OF	STATE pay	vable to "Secretary of State."	
		Type or print in bla See reverse side for			
1.	CORPORATE NAME:	itry Trail	IS Nei	yaborhood Ass	<u>300</u> ia
2.	STATE OR COUNTRY OF INCO	ORPORATION:	<u> Lihois</u>		/\
3.	Name and address of the register of the Secretary of State (before Registered Agent	ered agent and registe change):	red office as the	ey appear on the records of the	office
	First I Registered Office	Vame Street	Middle Name	Last Name Last Name Co. Box alone is not acceptable)	·····
	$\frac{SC}{c}$	haum burd	ZIP Code	COUNTY County	
M	Registered Office	$\frac{1}{2}$	red office shall b	e (after all changes herein repo <u>PiCKIEU III -</u> Last Name SUI +C 790	orted):
		Street OUMOUCO ty	Suite No. (A P	O. Box alone is not acceptable) County	L AU

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5.	r ne address of the registered office and the address of the bus will be identical.	siness office of the registered agent, as changed			
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)			
NO.	TE: When the registered agent changes, the signatures of be	oth president and secretary are required.			
7,	(If authorized by the board of directors, sign here. See Note	51			
who	The undersigned corporation has caused this statement to born affirms, under penalties or perjury, that the facts stated her	a alamadeha ita dulu arata-at-ad-azera-arata ar			
Date	edOx 19, Country	Trails Neighborhand			
44	- Section -	Trails Neighborhood (Exact Name of Corporation) Association			
alle	by by				
	(Succession of Addition decomply)	Signature of President or Vice President)			
	(Type or Print Name and Title)	(Type or Print Name and Title)			
(If c	hange of registered office by registered agent, sign here. See	Note 61			
	The undersigned, under penalties of perjury, affirms that the	acts stated herein are true			
Date	ed 5-27 19,99				
		Signatric of Registered Agent of Record)			
		~~.// .			
	.//				
	NØTES				
1.	The registered office may, but need not be the same as the pregistered office and the office address of the registered age	gincipal office of the comparation. However, the nt 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, to of deeds of the new county a certified copy of the articles of incomo of change of registered office. Such certified copies may be o	rnoration and a sadifical seem of the service of			

Any change of registered agent must be by resolution adopted by the board of directors. This statement must

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

then be signed by the president (or vice-president) and by the secretary (or an assistant secretary).

agent.

5.

6.