L21000012841

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J DENNIS						
JUL 2.1 2023						

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COVER LETTER

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INHS18 (2/14)

D: Registration Section Division of Corporations						
SUBJECT: 4001 33 14 CT., LLC Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Ellen Phillips						
Name of Person						
BusinessRegistration.org						
Firm/Company						
1117 N Milwaukee Ave Ste B11						
Address						
Libertyville, IL 60069						
City/State and Zip Code						
support@businessregistration.org						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Ellen Phillips 312 479 5061						
Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301						
Enclosed is a check for the following amount:						
\$25 Filing Fee & Certified Copy						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compassibility the following statement in order to change its registered office or registered agent, or both, in the State Florida

1 10/1100		- 1		
1. Na	time of the limited liability company: $\frac{4000}{3}$	3°C C	T., LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limi (Note: MAY BE PO	ted liability company:
	Lincolnwood IL 60712		320 Norwood F	ack south
		_	320 Norwood PA	01062
	1/14/21		L21000012841	
3.	Date of filing/registration in Florida	4.	Document numbe	r
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	
(b)	Registered Office Address MUST BE FLORIDA STREET.			FIL A GRETARY A OF C
	Plantation FI. Registered Agents Inc	3:	<u> 3324</u>	m ² EG
	Enter name of NEW Registered Agent and/or NEW Registered	Office add		PH S
	7901 4th St N			. STATE 1981 TYPET
	NEW Registered Office Address: STE 300			
	St. Petersburg			
the cha agent v was/wo	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members called organization or the operating agreement of the	`the regist ability con of the limi limited li	tered office and the business impany, it is hereby confirmed ted liability company or as of	office of the register I that the change(s)

Frederick Frankel ESQ
Signature of a member or authorized representative of a member

Frederick Frankel ESQ
Printed or type

Printed or typed name of signee

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 accepte obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent