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(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:						

Office Use Only



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R. WHATE



CSC - WILMINGTON
251 Little Falls Drive *
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: February 27, 2020

Order#: 188204-008

Re: THE CHARTIS GROUP, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25...

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

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

2. (a)	220 W. Kinzie Street, 3rd Floor		(b)_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Principal office address of limited liabil (Note: MUST BE STREET ADD.		_			
			. <u> </u>			
	Chicago IL	60654	<u> </u>			
	03/03/2017		_ <u>N</u>	117000001865		
3.	Date of filing/registration in F	lorida	4.	Document nu	mber	
5. (a)	a) C T_Corporation System					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	1200 South Pine Island Road		F-3			
	Registered Office Address (MUST BE FLO		.70			
					• •	
	District		00004		-2	
	Plantation	, FL	33324		: : : :	
(h	Corporation Service Company				72: 12:	
(0	Enter name of NEW Registered Agent and/or	<u></u>	\sim			
					င	
	1201 Hays Street					
	NEW Registered Office Address:					
	Tallahassee	FL	32301			
the c agen was/	e limited liability company is not organize hange or changes are made, the Florida stream twill be identical. Or, in the case of a Flowere authorized by an affirmative vote of articles of organization or the operating agreement.	reet address of the rida limited liab the members of t	ne register ility comp the limited	ed office and the busin pany, it is hereby confid d liability company or	less office of the registered rmed that the change(s)	
	/ Jill Cilmi		Jill Ciln	ni, Authorized Person		
_	nature of a member or authorized representative of			Printed or typed	_	
provi the o to me	reby accept the appointment as registered isions of all statutes relative to the proper bligations of my position as registered agerely reflect a change in the registered off led in writing of this change	agent and agree and complete pe ent as provided j ice address, I he	to act in erformanc for in Cha reby confi	this capacity. I furthe te of my duties, and I a opter 605, F.S. Or, if th irm that the limited lia	r agree to comply with the m familiar with and accep his document is being filed bility company has been	
•	Ceim Kell					
Signa	ature of Registered Agent Corporation Service	e Company	BY: Ami	M. Casper, Asst. Vio	ce President	

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00