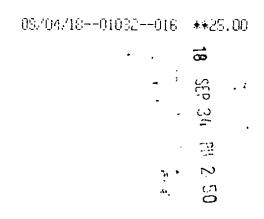
M1800000864

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Only/State/21ph World II)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000317586340



SEPERITE
S. PRATHER



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: August 30, 2018

Order#: 362179-007

Re: INNVENTURE MANAGEMENT SERVICES, 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.

1.	Name of the limited liability company: INNVENTURE	MANAGE	MENT SERVICES, LLC	
2. (:	1) 11 E. Hubbard Street, Suite 200	(b)		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liab (Note: MAY BE POST OF	. , .
	Chicago IL 60611	<u> </u>		
	01/24/2018		M18000000864	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a) C T Corporation System			
<i>J.</i> (u)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:	
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
			•	ಪ
				S .
	Plantation , FI	_ 33324		SEP :
(b)	Corporation Service Company			<u>⇔</u> :
	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office addr	Tess;	
				:-3
	1201 Hays Street		•	50
	NEW Registered Office Address:			_
	Tallahassee FI	32301		
the c agen was/	e limited liability company is not organized under the la hange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the	ws of the S f the registe ability con of the limit	ered office and the business office npany, it is hereby confirmed that t ed liability company or as otherwis	of the registered he change(s)
/s	/ Jill Cilmi	Jill Ci	lmi, Authorized Person	
Sig	nature of a member or authorized representative of a member		Printed or typed name of sign	nee
orov the o to m	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide prely reflect a change in the registered office address, I led in writing of this change.	r pertormar	ice of my duties, and I am familiar	with and accept
Sign	ature of Registered Agent Corporation Service Company	BY: An	ni M. Casper, Asst. Vice Preside	nt

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