M1800000 9544

(Re	questor's Name)				
· (Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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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: May 4, 2020

Order#: 269984-143

Re: 545 WYN MEZZ, 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.	Na	me of the limited liability company: 545 WYN MEZ	Z, LLC	-			
2.	(a) .	1330 W. Fulton Street, Suite 800	(b)				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Chicago IL 60607					
		10/23/2018		M1800000	9544		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Cogency Global Inc.					
	(-/	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		115 N. Calhoun Street, Suite 4					
		Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)				
					<u>~</u>		
					020		
		Tallahassee , FL	<u> 32301</u>		- -		
	<i>a</i> .	Community Continue Community			2020 MAT -6		
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress.			
		Enter name of Now Registered regent under Now Registered	VILLE AUG	Child.	PH 12: 4		
		1201 Hays Street			2:1		
		NEW Registered Office Address:					
		Tallahassee , FL	32301_				
the age was the	cha ent we acti- indata indata indata indata indata indata	mited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of the organization or the operating agreement of the unit of a member or authorized representative of a member of a member of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. If in writing of this change	f the regist ability con of the limited li	tered office mpany, it is ted liability ability com illmi, Autho	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in apany. rized Person Printed or typed name of signee activ. I further agree to comply with the		
	(e of Registered Agent Corporation Service Company	BY: Ar	ni M. Cas	per, Asst. Vice President		

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