## M12000002394

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(01)/01010/2/p/1 1/01/0 1/							
PICK-UP WAIT MAIL							
(Rusiness Entity Name)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
•							

Office Use Only



300379992703



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 466421 8369821

AUTHORIZATION

COST LIMIT : \$/25.00

ORDER DATE: February 9, 2022

ORDER TIME : 4:48 PM

ORDER NO. : 466421-085

CUSTOMER NO: 8369821

\_\_\_\_\_

## CHANGE OF AGENT

NAME: BUREAUS INVESTMENT GROUP

PORTFOLIO NO.8, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

## 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. N	ame of the limited liability company:  BUREAUS II	NVESTME	NT.	GROUP PORTFOLIO NO	Э. 8,	LLC		
			(b).					
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0).	Mailing address of		d liability company: TOFFICE BOX)		
	650 Dundee Road, Suite 370			650 Dundee Road, Suite	370			
	Northbrook, IL 60062	<del></del>	_	Northbrook, IL 60062				
	04/30/2012		N	M12000002394				
3.	Date of filing/registration in Florida	4.		Document num	ber			
5. (a)								
5. (a)	Registered Agent and Registered Office shown on the record	s of the Florid	da D	ept. of State:				
	INCORP SERVICES, INC.							
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u></u> 5 <i>S</i> )					
	17888 67TH COURT NORTH					207		
	LOXAHATCHEE	33470				2072 FEB 1 &		
					-	-		
(b)						727		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office a	<u>ddr</u>	<u>ess</u> :		- <del>보</del> - 유		
	Corporation Service Company					÷ 39		
	NEW Registered Office Address:	•						
	1201 Hays Street							
	Tallahassee	FL <sup>32301</sup>						
change agent v was/we the arti	imited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membericles of organization or the operating agreement of the ILL CILMI	the register I liability cors of the lint the limited	red om mite lial	office and the business of pany, it is hereby confirmed I liability company or as	ffice red the othe	of the registered nat the change(s) erwise provided in		
Signature of a member or authorized representative of a member				Printed or typed n	Printed or typed name of signee			
provisi the obl to merc	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	ete perform ided for in ( I hereby c	iane Che onf	ce of my duties, and I am upter 605, F.S. Or, if this irm that the limited liabil	famil doci ity co	liar with and accept ument is being filed ompany has been		
Signatu	te of Registered Agent	GRACE	e, r	KIRBY, ASST. VICE PR	ESIL	JEN I		