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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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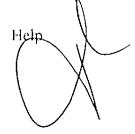
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REGISTERED AGENT CHANGE RESOURCE INNOVATIONS, INC.

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To:

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes. this nized under the laws of the State of Delaware								
		ered agent, or both, in the State of Florida.								
1. The name of t	he corporation: RESOURCE INNOVAT	IONS, INC.								
2. The principal	office address: 400 N. Michigan Ave., Su	te 600; Chicago, IL 60611								
3. The mailing a	ddress (if different):									
4. Date of incorp	omtion/qualification: 10/26/2005	Document number: F05000006247								
	street address of the current registered a truent of State: (If resigned, enter resigne	igent and registered office on file with the ed)								
	CORPORATION SERVICE COMPANY									
	1201 HAYS STREET									
	TALLAHASSEE, FL 32301-2525	nt (if changed) and /or registered office								
6. The name and (if changed):	TALLAHASSEE, FL 32301-2525 d street address of the new registered agent (if changed) and /or registered office									
	C T Corporation System	E.F.								
	1200 South Pine Island Road									
	P.O. Bo Plantation, Florida 33324	x NOT acceptable								
The street addre	ss of its registered office and the street be identical.	address of the business office of its registered agent,								
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been no	d by its board of directors or by an officer so stiffed in writing of the change.								
Lauren Laventini		Lauren Casentini, CEO								
	the appointment as registered agent and comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the provision of the obling filed merely to reflect a change in the provisions of this state.	Philied of typed name and tille d agree to act in this capacity. utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the								
C T Corporation	System System	04/30/2024								
Sigr	nature of Registered Agent	Date								
If signing on bel	nalf of an entity:									
SEAN L. EMERI	CK, ASSISTANT SECRETARY									
Ту	ped or Printed Name									

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: