F10000000131

(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



900340766219

02/14/20--01018--028 **85.00

SECRETARY OF STATE

QM 3/6/20



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: February 12, 2020

Order#: 177382-003

Re: CICERO'S DEVELOPMENT, INC.

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Matthew Ermak 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 CORPORATIONS

statement of cha	provisions of sections 607.0502. 61 inge is submitted for a corporation w or to change its registered office or i	organized under the lav	vs of the State of ILL	INOIS	
	the corporation: CICERO'S DEVEL		•		
	office address: 10038 CLOW CRE		NFIELD, IL 60585		
3. The mailing a	nddress (if different):	····			
	poration/qualification: 02/11/2010				
5. The name and	d street address of the current register tment of State: (If resigned, enter re	ered agent and registere			
	INCORP SERVICES, INC.				
	17888 67TH COURT NORTH				
	LOXAHATCHEE	FL	33470	2020 FEB 14	31. 35
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					BOJBOD JO NOISIAIC S JO ABVIJADJE
	Corporation Service Company			P	5.5 S.50
	1201 Hays Street			5: 1:	
P.O. Box NOT acceptable					
	Tallahassee	FL	32301		
The street address changed will	ess of its registered office and the s be identical.	street address of the bu	siness office of its re	gistered a	gent,
Such change wa authorized by th	ns authorized by resolution duly ad ne board, or the corporation has be	lopted by its board of d en notified in writing c	irectors or by an offi of the change.	icer so	
Sie E. Cienie		Jill Cilmi, Vice President			
Signatu	re of an officer or director		ed or typed name and title		
I hereby accept I further agree I of my duties, an document is bei corporation has Corporation	the appointment as registered age to comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch Service Company	nt and agree to act in t I statutes relative to the e obligation of my pos- in the registered offica ange.	this capacity, e proper and comple tion as registered ag e address, I hereby co	te perforn tent. Or i onfirm thá	iance if this it the
By: Drac	= t-Kubl	02/12/2020			
	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Grace E. Kirby,	Asst. Vice President				
T	sped or Printed Name				

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

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