

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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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: Ashley Seeman ashley.seeman@cscglobal.com

Date: September 21, 2020

Order#: 363441-055

Re: PERFECTION PROPERTY RESTORATION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$35.00.

Please take the following action:

 \overline{XX} File in your office on a routine basis.

Attn: Ashley Seeman 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.

OUCA.XCOA

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

		502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this oration arganized under the laws of the State of ILLINOIS
		fice or registered agent, or both, in the State of Florida.
1. The name o	of the corporation: PERFECTION	ON PROPERTY RESTORATION, INC.
		E LAKE RD. SUITE F EAST DUNDEE, IL 60118
FF		
3. The mailing	g address (if different):	
4. Date of inco	prporation/qualification: 04/1	6/2010 Document number: F10000001824
	nd street address of the curren artment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)
	REGISTERED AGENT S	OLUTIONS, INC.
	155 Office Plaza Dr. Suite	A
	Tallahassee, FL 32301	
6. The name ar (if changed)	:	gistered agent (if changed) and /or registered office
	Corporation Service Comp	Dany
	1201 Hays Street	
	Tallahassee	P.O Box NOT acceptable
	1 dilailassee	FL 32301
The street addition as changed will	ress of its registered office and be identical.	d the street address of the business office of its registered agent.
Such change wanthorized by t	vas authorized by resolution of the board, or the corporation	fuly adopted by its board of directors or by an officer so has been notified in writing of the change.
- Fall	92-	Jeremy Rakusin, CFO
	ure of an officer or director	Printed or typed name and title
of my duties, and document is be corporation ha	to comply with the provision	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this hange in the registered office address. I hereby confirm that the his change.
By: Inc	co Cokubio	09/21/2020
Sig	gnature of Registered Agent	Date
If signing on be	chalf of an entity:	
	Asst. Vice President	
T	yped or Printed Name	
	***	TILING 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)