

## Florida Department of State

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Account Number : I20000000088

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## REGISTERED AGENT CHANGE JOAN WELLMAN AND ASSOCIATES, INC.

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of WA er to change its registered office or registered agent, or both, in the State of Florida.			
1. The name of	the corporation: JOAN WELLMAN AND ASSOCIATES, INC.			
	office address: ONE NORTH DEARBORN, #1400	<del></del> ,		
	CHICAGO, IL 60602	<del></del>		
3. The mailing a	address (if different):			
4. Date of incon	poration/qualification: 03/12/2012 Document number: F12000001075			
	d street address of the current registered agent and registered office on file with the riment of State: (If resigned, enter resigned)			
	NATIONAL CORPORATE RESEARCH, LTD., INC.			
	155 OFFICE PLAZA DR. SUITE A 55	ALL ALL		
	TALLAHASSEE, FL 32301	といる		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	NATIONAL CORPORATE RESEARCH, LTD., INC.			
	115 North Calhoun Street, Suite 4	25		
	F.O. Box NOT acceptable Tallahassee, FL 32301	72		
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.			
Such change we	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.			
Signatu	Janua Bolotus VP Controller	/		
I hereby accept I further agree t performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.			
1 71	aue Curmine 7/8/2015 patiere of Registered Agent			
If signing on be	chalf of an entity:  ASST  CUMMINIS SSCY  yped 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 (03/12)