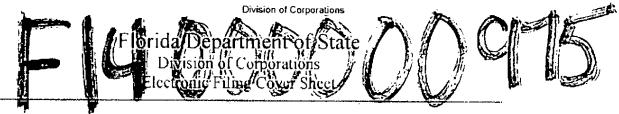
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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (954)208-0845 Fax Number : (614)573-3996

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J. HORNE

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	the corporation: GREATER ILLINOIS TI		
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 03/05/2014	Document number: F1400000097	5
	nd street address of the current registered a artment of State: (If resigned, enter resigne		ee
	CORPORATE ACCESS, INC.		
	236 E. 6TH AVENUE		
	TALLAHASSEE, FL 32303-6208		
6. The name ar (if changed)	nd street address of the new registered age	nt (if changed) and /or registered office	2022 APR 21 SECRETAR'S TALLAHASS
	C T Corporation System		748 1488
	1200 South Pine Island Road		Y OF
		x NOT acceptable	F(0)
	Plantation, Florida 33324		#E 33
The street add as changed wi	ress of its registered office and the street Il be identical.	address of the business office of its reg	
Such change vauthorized by	vas authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an officitied in writing of the change.	cer so
\mathcal{L}	Mary	Stacy Finkle, Secretary	
	ture of sar officer or director	Printed or typed name and title	
I hereby accept further agree of my duties, a document is be corporation hereby T. T. Gorporatiy	of the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the oblining filed merely to reflect a change in the speem notified in writing of this change.	nd agree to act in this capacity. Lutes relative to the proper and complet ligation of my position as registered ag Lie registered office address, I hereby co	e performunce ent. Or, if this onfirm that the
	3 Section	4/20/2022	
Chysh all	ignature of Registered Agent	Date	
If signing on b	ehalf of an entity:		

Вy: