F15000000866

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SEP 2 3 2016 **T. LEMEUX**

CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

	ACCOUNT NO.	:	120000000	0195
	REFERENCE	:	262673	8021956
	AUTHORIZATION	:	Smelle	Leman
	COST LIMIT	:	\$ (35, 0.0	
ORDER DATE :	August 22, 2016			
ORDER TIME :	1:18 PM			
ORDER NO. :	262673-020			
CUSTOMER NO:	8021956			
	CHANGE OF A	GEN'	<u>r</u>	
NAME:	SA IGNITE INC	•		
CERTI	THE FOLLOWING AS	PR	OOF OF FII	LING:
XX PLAIN CONTACT PERSO	N: Courtney Will	iam:	S	

EXAMINER'S INITIALS: _

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

	provisions of sections 60					
	ange is submitted for a co. er to change its registered	•				
	-		agem, or oo	an, mane s	tate of 1 fortua.	
	the corporation: SA Ignite					
2. The principal	office address: 1144 Wes	st Fulton Market, Sui	te 200, Chic	cago, IL 60)607	
3. The mailing a	address (if different):					
4. Date of incorp	poration/qualification: 03	3/02/2015	Document	number: _F	15000000866	
5. The name and Florida Depart	d street address of the curr rtment of State: (If resigno	rent registered agent ed, enter resigned)	and register	ed office o	n file with the	
	C T Corporation System	1				
	1200 South Pine Island	Road	•			
	Plantation		FL	33324		
6. The name and (if changed):	d street address of the new	registered agent (if	changed) an	d /or regis	tered office	 - - -
	Corporation Service Cor	mpany			00	ري د ا
	1201 Hays Street				The state of the s	ثور
	Tallahaaaa	P.O. Box NOT accept		00004	75 of	
	Tallahassee		FL	32301		
The street address changed will	ess of its registered office be identical.	and the street addre	ss of the bu	siness offi	ice of its registered agent,	
Such change was authorized by the	as authorized by resolution board, or the corporation	on duly adopted by it on has been notified	s board of d in writing o	lirectors of of the char	r by an officer so ige.	
B4: 4	- attal	123100 Jeff	rey A Galov	vich	President, SA Ig	nite
0/0	re of an officer of director	7	Printe	ed or typed ha		
performance of agent. Or, if th hereby confirm	the appointment as registo comply with the provisions my duties, and I am familis document is being filed that the corporation has A Service Company	sions of all statutes r iliar with and accept d merely to reflect a	elauve to th the obligat change in th	ic proper a ion of my he register	and complete position as registered	
Ву:	LIGAIN		09-28	3-2016		
Sign	nature of Registered Agent			Date		
If signing on be	half of an entity:					
	'illiams, Asst . V.P.					
Ty	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL 10: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)