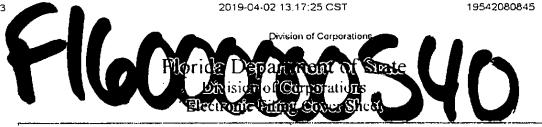
4/2/2019



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## REGISTERED AGENT CHANGE OPTIMA ANALYTICS CORP.

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T. LEMIEUX

## $\mbox{\ensuremath{\$}}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS ķ.

statement of cha	nge is submitted for a corpora	92, 617.0502, 607.1508, or 617.1508, Florida Statut ation organized under the laws of the State of <mark>Delaw</mark> ce or registered agent, or both, in the State of Floria	vare
1. The name of t	he corporation: Optima(US)Li	તત.	
2. The principal	office address: 401N.Michiga	anAvenue,Suite2700,Chicago,IL60611	
3. The mailing a	ddress (if different): 401N.Mi	ichiganAvenue,Suite2700,Chicago,H.60611	
4. Date of incorp	poration/qualification: 02/03/2	2016 Document number: F16000000540	
	street address of the current retrent of State:(If resigned, en	registered agent and registered office on file with the nter resigned)	e
	RegisteredAgentSolutions.Inc	c	
	155OfficePlazaDr,Ste A	ALL/	2019 APR
	Tallahussee,FL32301	LANA SARA	TILE
6. The name and (if changed):	street address of the new regi	istered agent (if changed) and /or registered office	
	CTCorporationSystem		(j)
	1200SouthPineIslandRoad	>	<del>, 2</del>
	Plantation,Florida33324	P.O. Box NOT acceptable	
The street addre	ss of its registered office and be identical.	the street address of the business office of its regi	stered agent,
Such change wa authorized by th	s authorized by resolution du e board, or the corporation ha	aly adopted by its board of directors or by an office as been notified in writing of the change.	er so
Matalin 7	ichen;	NataliePickens, Secretary	
Signatu	re of an officer or director	Printed or typed name and title	
l further avrés i	a comply with the provisions	d agent and agree to act in this capacity. To fall statutes relative to the proper and complete with and accept the obligation of my position as re rely to reflect a change in the registered office ada In notified in writing of this change.	egistered frass, f
By: ()an / 2	radare of Registered Agent	04/02/2019	
Sigr	parare of Registered Agent	i kue	
lf signing on bel	half of an entity:		
JamesM.Halpin,	AssistantSecretary		
٦٠,	ped or Printed Name	——————————————————————————————————————	

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

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