F16000001615

(Requestor's Name)					
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SECRETARY OF STATE

COVER LETTER

то:	Amendment Section Division of Corporations		
	ECT: Ozinga South Florida, Inc. of Corporation		
DOC	UMENT NUMBER: F16000001615		
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for f	iling.
Please	return all correspondence concerning this	s matter to the following:	
		-	\$ 2
Вагту	N. Voom		2021 JAN 25 PH 3: 52 SECRETARY OF STATE TALLAHASSEE, FI
-	of Contact Person		
Ozing	a South Florida, Inc.		がある。
Firm/0	Company		5.5
19001	Old LaGrange Road, Suite 300		
Addre	ess		w ET
Moke	na, Illinois 60448		A 5
City/S	state and Zip Code		14 N
	barryvoom@ozinga.com		
E-ma	il address: (to be used for future annua	report notification)	•
For fu	orther information concerning this matter,	please call:	
Ваггу	N. Voorn	326-4210	
	Name of Contact Person	at (708) 326-4210 Area Code & Daytime Tele	phone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.	
	Mailing Address: Amendment Section	Street Address:	
		Amendment Section	
	Division of Corporations	Division of Corporations The Centre of Tallahassee	
	P.O. Box 6327	THE CERTIE OF FAHARIASSEE	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or registe	nized under the laws of the State of $\overline{\Pi}$	linois
1. The name of t	the corporation: Ozinga South Florida, Inc	·.	
2. The principal	office address: 3905 NW 107th Avenue, S	uite 504, Doral, Florida 33178	
3. The mailing a	iddress (if different): 19001 Old LaGrange	e Road, Suite 300, Mokena, Illinois 604	148
4. Date of incorp	poration/qualification; April 6, 2016	Document number: F1600000	1615
	d street address of the current registered a timent of State: (If resigned, enter resigned		h the
	Marco de la Cal		_
	1313 Ponce de Leon Blvd., #200		2021 , SECR TAL
	Coral Gables, Florida 33134		JAN . LAH
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered offi	JAN 25 PM 3: RETARY OF STA
	InCorp Services, Inc.		3: 5 FAI
	17888 67th Court North		52 TE
	P.O. Bo	x NOT acceptable	
	Loxahatchee, Florida 33470		
	ess of its registered office and the street be identical.		
Such change was authorized by the	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by an optimed in writing of the change.	officer so
5	um N. Vorm	Barry N. Voorn, Secretary	
J	re of an officer or director	Printed or typed name and till	ic
i juriner agree of my duties, ar document is bei	the appointment as registered agent ar to comply with the provisions of all stat ad I am familiar with and accept the obling filed merely to reflect a change in the s been notified in writing of this change	ligation of my position as registered registered office address, I hereb	plete performance l agent. Or, if this y confirm that the
Jack.	: O Dia is	1/13/2021	
Sig	indicate of Register of Affective	Date	
If signing on be	chalf of an entity:		
Jackie De	Filippis on behalf of InCor	p Services, Inc.	
· ''	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 (04/13)