F10000004003

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
AUG 2/ 2025			

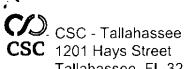
Office Use Only



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Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda Miller@cscglobal.com

Ext: x62969 Date: 08/26/25 Order #: 4330537-5 Re: CITYBASE, INC.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Amanda Miller
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

statement of cha	mge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Sta cation organized under the laws of the State of DE ice or registered agent, or both, in the State of Flo	Ē	
			, ma.	
I. The name of t	the corporation: CITYBASE, I	t EL 7 Chicago II 60654		
2. The principal	office address: 363 W Erie S	TEL 00034		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 09/13/	/2016 Document number: F16000004	4063	
5. The name and		registered agent and registered office on file with	the	
	REGISTERED AGENTS II	NC.		
	7901 4TH ST N STE 300			
	ST. PETERSBURG	FL 33702	2025	
6. The name and (if changed):	I street address of the new reg	gistered agent (if changed) and /or registered office	2025 Ab. 20	
	Corporation Service Comp	any	、 理 方	
	ي 1201 Hays Street ي			
		P.O. Box NOT acceptable	. 0	
	Tallahassee	FL 32301		
The street address changed will	ess of its registered office an be identical.	d the street address of the business office of its r	registered agent,	
Such change wa authorized by the	as authorized by resolution d ne board, or the corporation l	luly adopted by its board of directors or by an of has been notified in writing of the change.	Ticer so	
/s/ Brenna Lenchak		Brenna Lenchak	Secretary	
Signatu	re of an officer or director	Printed or typed name and title		
I further agree a of my duties, an document is bei corporation has	the appointment as register to comply with the provision of I am familiar with and according filed merely to reflect a conficent in writing of the Service Company	ed agent and agree to act in this capacity, s of all statutes relative to the proper and compl cept the obligation of my position as registered a change in the registered office address, I hereby this change.	ete performance igent. Or, if this confirm that the	
By: /S/ Grace E. Kirby		08/14/2025		
	nature of Registered Agent	Date		
	chalf of an entity:			
	Asst. Vice President			
1;	yped or Printed Name ***	TH INC FEE: \$35.00 * * *		

* * * 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)