F18000003956

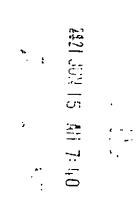
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(City/State/Zip/Priorie #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
· · ·		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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05/15/21--01023--013 **35.00



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JUL 16 2021



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: June 14, 2021

Order#: 853824-006

Re: BYRON UDELL & ASSOCIATES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \underline{XX} Check in the amount of \$35__.

Please take the following action:

XX File in your office on a routine basis.

XX _ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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

statement of ch	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of IL e or registered agent, or both, in the State of Florida.
	the corporation: BYRON UDEL	
2. The principa	office address: 1400 S WOLF	RD BLDG 500, WHEELING, IL 60090
3. The mailing	address (if different):	
4. Date of incor	rporation/qualification: 08/24/2	018 Document number: F18000003956
	d street address of the current reartment of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)
	COGENCY GLOBAL INC.	Pro)
	115 N CALHOUN ST., SUIT	E 4
	TALLAHASSEE, FL 32301	
6. The name an (if changed):	•	stered agent (if changed) and /or registered office
	1201 Hays Street	
		P.O. Box NOT acceptable
	Tallahassee	FL 32301
The street addr as changed wil	ress of its registered office and I be identical.	the street address of the business office of its registered agent.
Such change wauthorized by t	ras authorized by resolution du the board, or the corporation ha	ly adopted by its board of directors or by an officer so as been notified in writing of the change.
X	ju E. agni	Jill Cilmi, Vice President
Signat	ure of an officer or director	Printed or typed name and title
I further agrée of my duties, a document is be corporation ha	to comply with the provisions nd I am familiar with and acce	I agent and agree to act in this capacity. of all statutes relative to the proper and complete performanc pt the obligation of my position as registered agent. Or, if thi ange in the registered office address, I hereby confirm that the is change.
	ert-Kuby	06/14/2021
Sı	gnature of Registered Agent	Date
If signing on b	ehalf of an entity:	
	, Asst. Vice President	
•	Typed or Printed Name	
	* * * F]	LING 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)