Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000193443 3)))



To:		<del></del>
10.	Division of Corporations	
	Fax Number : (850)617-6380	
	,	13.5
From:		SEE. FL
	Account Name : CAPITOL CORPORATE SERVICES, INC.	ch'co
	Account Number : I20160000048	70=
	Phone : (800)345-4647	
	Fax Number : (800)432-3622	LU
annu	e email address for this business entity to be used for all report mailings. Enter only one email address please.	

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## (((H23000193443 3)))

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

Pursuant to the provisions of sections 607.0502, 617.050. statement of change is submitted for a corporation organ.	ized under the laws of the State of GEORGIA
in order to change its registered office or registe	,
1. The name of the corporation: DESIGNA ACCE	
<ol><li>The principal office address: 777 OAKMONT LAI</li></ol>	NE, SUITE 2000
WESTMONT, IL 60	559
3. The mailing address (if different):	
4. Date of incorporation/qualification: 9/28/2018	Document number: F18000004601
<ol><li>The name and street address of the current registered as Florida Department of State: (If resigned, enter resigned</li></ol>	
UNIVERSAL REGISTERED AGEN	ITS, INC.
1317 CALIFORNIA STREET	
TALLAHASSEE, FL 32304	
6. The name and street address of the new registered agen (if changed):	၂၉ <sub>၂</sub> တ
Capitol Corporate Services, Inc.	2: 1
515 East Park Avenue 2nd Fl	· Æ 3
P,O, Plox	NOT acceptable
Tallahassee, FL 32301	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.
	JOHN CURTISS, PRESIDENT Printed or typed raime and title
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I am familiar with and accept the obli- document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	l agree to act in this capacity, ites relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
Bin- Brokerter	5/25/2023
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Brian Radecki, Assistant Secretary on behalf of Ca Typed or Printed Name	apitol Corporate Services, Inc.
* * * FILING FE	E: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLO MAIL TO: DIVISION OF CORPORATIONS, P.	

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSE CR2E045 (04/13) (((H23000193443 3)))