## F1900001735

(Requestor's Name)					
(Address)					
(Address)					
,					
(City/State/Zip/Phone #)					
(Otty/Otate/Ziph Hone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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23 HAR -3 AM 9: 5

RECEIVED 2023 MAR-3 AM 12:07

MAR = 6 2023

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 520731 8400440
AUTHORIZATION : Signification
COST LIMIT : \$ 35.00
ORDER DATE : February 23, 2023
ORDER TIME : 9:07 AM
ORDER NO. : 520731-205
CUSTOMER NO: 8400440
***************************************
CHANGE OF AGENT
NAME: ANTARES MIDCO INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker
FYNMINED'S INTTINIS.

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of $\frac{1}{2}$ registered agent, or both, in the State of $F$	DE	. this	
1. The name of t	he corporation: ANTARES MIDCO	O INC.		_	
2. The principal	office address: 500 West Monroe	Street Suite 1700 Chicago, IL 60661			
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 04/08/2019	Document number: F190000	01735		
	street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file wit resigned)	h the		
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND RO	DAD			
	PLANTATION, FL 33324				
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered offi	ice	2023 NAR	, "
	Corporation Service Company		•	<del>≒</del> -3	
	1201 Hays Street			ω —	
		P () Box NOT acceptable		=	
	Tallahassee	FL 32301		Ω Ö	
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its	registe	ered ago	ent.
Such change wa author)zed by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or by an ceen notified in writing of the change.	officer .	so	
<u> Xiee</u>	almi	Jill Cilmi	Vice	Preside	ent
I hereby accept I further agree t of my duties, an document is heir corporation has	o comply with the provisions of a	Printed or typed name and title tent and agree to act in this capacity, all statutes relative to the proper and complete to the proper and complete obligation of my position as registered in the registered office address, I hereby hange.	plete pe	erforma Or, if rm that	ince this the
ву: Дди	ace Cokubi.	02/08/2023			
	ature of Registered Agent	Date			_
n signing on bel	nalf of an entity:				
<u></u>	Asst. Vice President ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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