Division of Corporations Electronic Filing Cover Sheet

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H230003287423ABC+

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

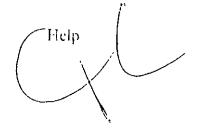
Email	Address:		

REGISTERED AGENT CHANGE TAGGER MEDIA, INC.

Certificate of Status	()
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



To:

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

statement of cha	inge is submitted for a corpor	02, 617,0502, 607-1508, or 617,1508, ration organized under the laws of the ice or registered agent, or both, in the	State of Delaware	
1. The name of t	the corporation: Tagger Media	a, Inc.		
		rn Street, Suite 700, Chicago, IL		
3. The mailing a	iddress (if different): 131 \$. D	Dearborn Street, Suite 700, Chicago, IL		
4. Dateofincorp	oration/qualification: 07:01:	2022 Document number:	F22000004134	
5. The name and		registered agent and registered office		
	TELOS LEGAL CORP.			
	TALLAHASSEE, FL 32301		2023 S	
TALLAHASSEE, Ft. 32301 6. The name and street address of the new registered agent (if changed) and /or registered office (ifchanged): C T Corporation System				
	C T Corporation System		HASSE	
	1200 South Pine Island Road	P.O Box NOT acceptable	17ALLAHASSEE FL	
The street addre	ess of its registered office and be identical.	d the street address of the business of	flice of its registered agent.	
Such change wa authorized by th	as authorized by resolution d ne board, or the corporation l	uly adopted by its board of directors has been notified in writing of the chi	or by an officer so ange.	
	Heidi Jonas re of an officer of director	Heidi Jonas, Secretary	122	
Lhereby accept Ljurther agrée i of my duties, an dociment is bei	the appointment as registere to comply with the provision, of I am familiar with and acc ng filed merely to reflect a c been notified in writing of t	ed agent and agree to act in this cape s of all statutes relative to the proper rept the obligation of my position as hange in the registered office addres	icity. - and complete performance registered agent. Or, if this	
Sigi	nature of Registered Agent	Data Data	:	
If signing on be	half of an entity:			
Katherine Schnei	der, Asst, Secretary			
	sped or Printed Name			
	* * * }	TLING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAI LAHASSEF, FL 32314 CR2E045 (04/13)

By: