## L15000076068

(Req	uestor's Name)				
(Add	ress)				
	ress)				
(City.	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Na	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to F	iling Officer:				





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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Midwest ASTC, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Ginny A. Swyndroski	
Name of Person	
Midwest ASTC, LLC	
Firm/Company	<del> </del>
6701 165th Place	
Address	
Tinley Park, IL 60477	
City/State and Zip Code	
cats4u1@gmail.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please of	all:
Ginny Swyndroski 7	08 609-3928
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	t:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: Midwest ASTC.	LLC				_		
2. (a)	6701 165th Place	(h	(b) Same as principal office address					
<b>-</b> , ( <del>-</del> )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	Ma	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Tinley Park, iL 60477							
	4/29/2015		L5000076068					
3.	Date of filing/registration in Florida	4.	D	ocument numbe	er		<del></del>	
5. (a)	)							
(-)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:					
	Dr. John L. Sands							
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS						
	3834 Olympic Lane					2020		
	Jacksonville	32258		.~	- 3	10211 NOV 15	74	
		L.,				<del></del>		
(b)							in:	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:	•	AIFI 10: 51	5	6	
	Richard St. John			••.	: 50	!	****	
	NEW Registered Office Address:							
	3701 Danforth Drive, #1417		<del></del>					
	Jacksonville , FI	L32224						
change agent was/w the art	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	e registered ability core of the limited limited limited	l office and the npany, it is he ted liability c	he business offi ereby confirmed ompany or as o iny.	ce of th	ie re ne cl	gistered hange(s)	
Signa	ture of a member or suthorized representative of a member		·	nnted or typed nan	ie of sign	nce		
I here provis, the ob- to mer <del>notifie</del>	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I din writing of this change.	ree to act i performa d for in Ci hereby coi	n this canaci	tv. I further an	ree to c	on r	ply with the and accept being filed has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00