## L17000257644

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

Office Use Only

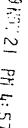
R. WHITE

DEC 1 8 2019



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## **COVER LETTER**

TO: Registration Section Division of Corporations	•					
SUBJECT: SJBT-Riviera Beach, LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Debbie Melinger						
Name of Person	<del></del>					
Firsel Ross LLC						
Firm/Company	<del></del>					
2801 Lakeside Drive, Suite 207						
Address						
Bannockburn, IL 60015						
City/State and Zip Code	<del></del>					
dmelinger@firselross.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please	call:					
Debbie Melinger at (	847 582-9911					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
☑ \$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: SJBT-Rivier	ra Beach, L	LC	
2. (a)		(b) _		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limite (Note: MAY BE POS	d liability company:
	17W697 E. Butterfield Rd.			
	Oakbrook Terrace, IL 60181	<del></del>		
	October 28, 2019	L1	7000257644	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	·			
	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:	
	Registered Agent Solutions, Inc.			
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)		201
	420 S. Orange Ave., Suite 700			[]] 2019 NOV
	Orlando	22801	<del></del>	72
	, F	L	<del></del>	<del>-</del>
(b)				<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres	<u>s</u> :	
	Registered Agent Solutions, Inc.		•	57
	NEW Registered Office Address:		<del></del>	
	155 Office Plaza Dr., Suite A			
	Tallahassee	22201	<del></del>	
	, FI	L_32301	<del></del>	
agent w	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited le the adultorized by in affirmative vote of the members cless of organizations the operating agreement of the	iability compa	any, it is hereby confirmed the	ice of the registered
Signat	ure of a member or authorized representative of a member	<del></del>	Printed or typed name of	Signee
l heret provision the obli no mere notifica	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change	ree to act in to performance od for in Chap hereby confit	his capacity. I further agree to of my duties, and I am famil oter 605, F.S. Or, if this docu m that the limited liability co	to comply with the liar with and accept ument is being filed ompany has been
Bele Signatur	of Registered Agent Jaclyn Wright, Asst.	Secretau	す	

• . . .