4/23/2019

Division of Corporations



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Division of Corporations

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LLC REGISTERED AGENT CHANGE SUPERVEST LLC

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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.

| 6.5 | | (h) | o) |
|----------------------------|--|--|---|
| . (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (1) | Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) |
| | 1900 E. Golf Dr., Suite 550 | | 1900 E. Golf Dr., Suite 550 |
| | Schaumburg, IL 60013 | _ | Schaumburg, IL 60013 |
| | 03/07/2018 | l | L18000059913 |
| • | Date of filing/registration in Florida | 4. | Document number |
| . (a) | MORTON, JEREMY | | |
| , (u) | Registered Agent and Registered Office shown on the records of | f the Florida | a Dept. of State: |
| | 3330 NE 190TH ST 114 | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | Ŋ |
| | AVENTURA | L.33180 | |
| (b) | | | ₹ <u>.</u> |
| (01 | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | dress: |
| | C.T Corporation System | | 紹覧 N F |
| | NEW Registered Office Address: | | |
| | 1200 South Pine Island Road | · | <u>\frac{\frac{1}{2}} \frac{1}{2} \frac{1}{2}</u> |
| | Plantation, J7 | L 33324 | င္အီး ယု |
| ne cha gent v vas/wo | imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the regis- iability cor- of the limited li- | stered office and the business office of the regis ompany, it is hereby confirmed that the changet nited liability company or as otherwise provider |
| Signo | through a member or authorized representative of a member | | Printed or typed name of signee |
| rovisi he obl o mere | by accept the appointment as registered agent and ay ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, I d'in writing of this change. | gree to act e performa ed for in C Thereby co | t in this capacity. I further agree to comply with ance of my duties, and I am familiar with and a Chapter 605, F.S. Or, if this document is being onfirm that the limited liability company has be |

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