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SECRETARY OF STATE

APR 23 2019 T SCHROEDER

COVER LETTER

TO: Registration Section Division of Corporations								
Dickinson Long LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered (Office Change a	nd fee(s) are submitted for filing.						
Please return all correspondence concerning	this matter to th	ne following:						
Judith A Larson								
Name of Person								
Dickinson Long LLC								
Firm/Company								
4007 New Haven Avenue								
Address	·							
Arlington Heights, IL 60004								
City/State and Zip Code	e							
dickinsonlongllc@gmail.com								
E-mail address: (to be used for future a	annual report no	tification)						
For further information concerning this matt	ter, please call:							
Judith A Larson	847 at (331-5064						
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 Fallahassee, Florida 32314						
Enclosed is a check for the following amount:								
■ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy						

. 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.

. Na	ame of the limited liability company: Dickinson Long	LLC					
2. (a)	4007 New Haven Avenue	(b) 4007 New Haven Avenue					
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Arlington Heights, IL 60004	-	Arlingtor	Heights, IL	60004		
	May 09, 2018	_	L1800011	6391	_		
	Date of filing/registration in Florida	4.		Document nur	nber		
. (a)	UNITED STATES CORPORATION AGENTS,	INC.					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 13302 WINDING OAK COURT Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			:: -	19 A1 SECR		
	SUITE A				生代	APR I	<u> </u>
	TAMPA FI.3	3612			38.	5	M
(b)	Derek Hatfield Enter name of NEW Registered Agent and/or NEW Registered Office address: 4720 Baywind Drive NEW Registered Office Address:				ATE PRIDA	AM 11: 23	
	PensacolaFL3	2514					
ne cha gent w /as/we ne artic	imited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	ne registifity contact the limited lim	stered office ompany, it is sited liability liability con	e and the busing shereby confir y company or a npany. on, Manage	ess office med that is otherw r, Dickir	e of the crise promote the criteria	nc registered hange(s) rovided in
Signat	use of a member or authorized representative of a member			Printed or typed		~	
heren rovisio 1e obli 1 mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete paigations of my position as registered agent as provided by reflect a change in the registered office address. I he writing of this change.	e to act erform for in C ereby co	in this cape ance of my (Chapter 605 onfirm that	acity, I further duties, and I ar , F.S. Or, if th the limited liab	agree to n familia is docum pility con	o com ir with ient is ipany	ply with the and accept being filed has been
ighatur	re of Registered Agent			,			