19000	208290					
(Requestor's Name) ; (Address) (Address)	800334007658					
(City/State/Zip/Phone #)	03/03/1901002011 **390.00 					
b Certificates of Status   Special Instructions to Filing Officer: .   b .   b .	19 SEP - 3					
Office Use Only 	-3 APPROVED 2019 SEP - 3 AHTED 2019 SEP - 3 AHTED 1111 47					

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## COVER LETTER

**TO:** Registration Section Division of Corporations

## THE B TEAM HOLDINGS, LLC SUBJECT:

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:

TINA GOFF

Name of Person

Sunshine State Corporate Compliance Company

Firm/Company

3458 LAKESHORE DRIVE

Address

TALLAHASSEE, FL 32312

City/State and Zip Code

SUNSHINECORPORATE2014@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TINA GOFF	850 656-4724
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the followin	g amount:
\$1\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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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.

۱.	Na	me of the limited liability company:	HOL	DINGS, LL	C			
2.	(a)			(b)				
2.	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>		Mailing address of limi (Note: MAY BE PC			
		300 S. WACKER DR, STE 2200	300 S. WACKER DR, STE 2200					
		CHICAGO, IL 60606		CHICAG	-			
		AUGUST 20, 2019		L1900020	08290			
3.		Date of filing/registration in Florida	4.	<u></u>	Document numbe	 Г		
5.	(a)	SUNSHINE CORPORATE FILING OF FLOR	RIDA,	INC.				
•	(-)	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept. of State	_ e:			
		3458 LAKESHORE DRIVE		·				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_			
		TALLAHASSEE	3231	2	-		2	
		, FL			-	•	2019	
I	(b)	Sunshine State Corporate Compliance Comp				· .*	) SEP	
	. ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	;	i W	
						·	>	ESE ∑
		· · · · · · · · · · · · · · · · · · ·			_	-	VH 11: 1	
		NEW Registered Office Address:						
		•			_		œ	
		-						
		, FL, FL,			-			
If th	he li	mited liability company is not organized under the law	/s of th	e State of Flo	orida, it is hereby c	onfirm	ed tha	t after
the	cha	nge or changes are made, the Florida street address of	the reg	sistered office	e and the business	office (	of the	registered
was	nt w s/we	ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of	bility   f the li	company, it is mited liabilit	s hereby confirmed	i that ti therwis	he cha le prov	ngc(s) rided in
the	arti	cles of organization or the operating agreement of the	limited	l liability con	npany.		ie pro i	laca m
			CI	HRISTINA	B. GOFF, REG.	. AGE	NT	
Si	ignat	ure of a member or authorized representative of a member			Printed or typed name	c of sign	icc	
Ih	eret visi	ny accept the appointment as registered agent and agent	ee to a	ct in this cap	acity. I further agi	ree to c	comply	with the
the	obli	ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h in writing of this change	for in	Chapter 605	5, F.S. Or, if this d	ocume	wiin a nt is bi	na accept zing filed
not	ifiea	in writing of this change.	ereby	conjirm that	the limited liability	v comp	any ha	s been
<del></del>	(	not Pavistured Agent						

Signature of Registered Agent

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