

L21000470923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

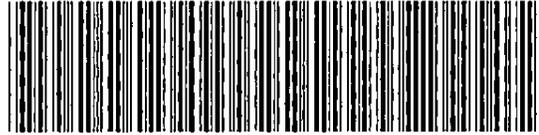
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 DEC 20 AM 11:09

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CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 12/20/2023

Acc#120160000072

eric DW

Name:	Hawk-Eye Management, LLC
Document #:	
Order #:	15284431 - 6

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

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. Name of the limited liability company: Hawk-Eye Management, LLC

2. (a) <u>Principal office address of limited liability company:</u> (Note: MUST BE STREET ADDRESS) <u>I East Wacker Dr, STE 2900</u> <u>Chicago, IL 60601</u>	(b) <u>Mailing address of limited liability company:</u> (Note: MAY BE POST OFFICE BOX) <u>I East Wacker Dr, STE 2900</u> <u>Chicago, IL 60601</u>
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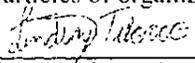
3. <u>11/01/2021</u>	4. <u>L21000470923</u>
Date of filing/registration in Florida	Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
NORTHWEST REGISTERED AGENT LLC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7901 4TH STREET NORTH STE 300
ST. PETERSBURG, FL 33702

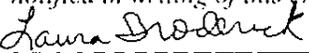
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
C T Corporation System
NEW Registered Office Address:
1200 South Pine Island Rd
Plantation, FL 33324

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 STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 _____ Signature of a member or authorized representative of a member	Lindsay Tilocco _____ Printed or typed name of signee
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



 Signature of Registered Agent
 Laura Broderick
 Assistant Secretary