5/24/2021

Division of Corporations

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: (614)280-3338

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LLC REGISTERED AGENT CHANGE FARMTON WATER RESOURCES LLC

Certificate of Status	0
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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.

Na	me of the limited liability company: FARMTON WA	ATER RES	DURCES LL	.C			
)				
,,	Principal office address of finited liability company. (Note: MUST BE STREET ADDRESS)		,	dailing address of limit (Note: MAYBE POS	ed liability company:		
	410 NORTH MICHIGAN AVENUE SUITE 590	410 NORTH MICHIGAN AVENUE SUITE 590					
	CHICAGO, IL 60611	<u>-</u>	CHICAGO, IL 60611				
	03/20/2002		M02000000	711			
	Date of filing/registration in Florida	4.		Document number			
(1)	MICHAEL A BROWN						
(a)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept of State	- 2:			
	Registered Office Address (MUST BE FLORIDA STREET)	CADDRES!	2	-	<u></u>		
	3450 OLD DAWSON RANCH ROAD				2021 SEK		
	EDGEWATER	L_32131		<u>.</u>	EIEI 2021 MAY 25 SEOREIAST ALLAHASSE		
(b)	C T Corporation System		TILED Y 25 PI And OF ASSEE, F				
(0)	Enter name of NEW Registered Agent and/or NEW Register		STATE 3: 3				
	NEW Registered Office Address			_	> \		
	1200 South Pine Island Road	·		_			
	Plantation, h	<u>33324</u> 1. <u></u>		_			
e cha juit v asave - seesa	imited liability company is not organized under the lunge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members or the operating agreement of the C. Fuchtman.	aws of the of the regi liability c s of the lim te limited	State of Flostered officion sinpany, it inited liabilit	orida, it is hereby c e and the husiness of s hereby confirmed y company or as of npany.	office of the registere I (hat the change(s)		
	A L/ P WCUL MAN.			Printed or typed name	e of signed		
here ovis e obl mer	by accept the appointment as registered agent and a ions of all statitics relative to the proper and comple igations of my position as registered agent as provi ely reflect a change in the registered office address,	egree to ac fe perforn ded for in I hereby c actine Kelto ant Georgiany	t in this cap ance of my Chapter 60, onfirm that	acity. I further agi duties, and I am fa 5, F.S. Or, if this do the limited liability	ree to comply with th miliar with and acce ocument is being file ocompany has been		