Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H180003282013)))



H180003282013ABCZ

To:	Division of Corporat Fax Number : (85			2018 NOV 15	
From:	Account Name : C 7	<u> </u>			
	Account Number : FCA	1000000023	i Lei	AM S OF ST	
	Phone : (61 Fax Number : (95			9: 38 STATE LORID	
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Corporate Filing Menu

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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.

l. (a)	Principal office address of limited liability company:		Mailing address of limited liability company:		
	(Now: MEST BE STREET ADDRESS) Chicago, H.		(Note: MAY BE POST OFFICE BOX)		
	6060á				
	11/4/2003	M03	3000003714		
3,	Date of filing/registration in Florida	4.	Document number		
5. (a)					
i. (u)	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY	t'the Florida Dept	of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESSI			
	1201 HAYS STREET	.1DDREJJJ	2016 ALL		
	TALLAHASSEEF	L ³²³⁰¹	2010 NOV 15 AM 9: 38		
			SSE 15		
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:			
			AM 9: 38 OF STATE OFLORIDS		
	C T Corporation System				
	NEW Registered Office Address:		±s' c ∞		
	1200 South Pine Island Road				
	Plantation, F	L 33324			
the cha agent v was/w	imited liability company is not organized under the lainge or changes are made, the Florida street address owill 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 registered lability compa- of the limited c limited liabil	d office and the business office of the registered my, it is hereby confirmed that the change(s). Trability company or as otherwise provided in ity company.		
ė	egylore former or authorized representative of a member	Stephanie	Printed or typed name of signee		
I here provisi the obli to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and completinations of my position as registered agent as providely reflect a change in the registered office address, I d'in writing of this change.	rree to act in the performance ed for in Chap hereby confir	his canacine. I further curse to comply with the		

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