Electronic Filing Cover Sheet

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(((H170002119363)))



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To:

Division of Corporations

Fax Number : (858)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_____

LLC REGISTERED AGENT CHANGE BERTHOLD L.L.C.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

Electronic Fifing Menu — Corporate Filing Menu

Help

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FL035 - 02/14/2016 Wolters Klasser Oshine

· COVER LETTER

	Division of Corporations		·		
	BERTHOLD L.L.C.				
SUBJI	ect:	Name of Limite	d Liability Company	-	
Dear S	ir or Madam:		•		
The en	closed Registered Agent/Registe	red Office Change	and fee(s) are submitted for t	üling.	
•	teturn all correspondence concer			J	•
Meliss	a M. Hunt				•
	Name of Person	1			
BERTI	HOLD L.L.C.				
	Pirm/Company	-			
47 W.	POLK ST. #100 - 310	·	- <u></u>	•	
	Address	• • •			
CHICA	GO,311,60 <i>6</i> 05				•
	City/State and Zip	Code .			
iր@be	nholdtypes.com			•	
Ē	-inail address: (to be used for fut	ure annual report n	otification)		
For fur	ther information concerning this	matter, please call:	•		
Melissa	M. Hunt	312	493-2517	• .	
	Name of Person		Area Code & Daytime	Telephone Number,	
	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	ss:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tullahassee, Florida 32314		
, .	Enclosed is a check for the fol	lowing amount:			
	☐ \$25 Filing Fee		\$55 Filing Fee & Certified	Сору	
INHST	3 (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.

1. No	ame of the limited liability company:	OLD LL.C.					
2. (a)		(b)					
(a)	Principal office address of limited liability cor (Note: MUST RE STREET ADDRESS	pany: Mailing addres	is of limited liability company: Y BE POST OFFICE BOX)				
	47 W. POLK ST. #100 - 310	47 W. POLK ST. #100	- 310				
	CHICAGO, IL 60605	CHICAGO, IL 60605					
,							
	06/22/2004	M040XXXX2450					
3.	Date of filing/registration in Florida	4. Document	number-				
5. (a)	CORPORATION SERVICE COMPANY						
	Registered Agent and Registered Office shown on the	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)	. ~~				
	1201 HAYS STREET		2 4 2				
	TALLAHASSEE	, FL 32301	2011 AUG 10				
(b)		· · · · · · · · · · · · · · · · · · ·					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:	mg. 圣				
	C T Corporation System	•	AMIL: 38				
	NEW Registered Office Address:		35				
٠	.1200 South Pine Island Road		~				
	Pkintation	, FL 33324					
the cha agent v was/we	imited liability company is not organized uncange or changes are made, the Florida street a will be identical. Or, in the case of a Florida are authorized by an affirmative vote of the nigles of organization of the operating agreement	er the laws of the State of Florida, it is heldress of the registered office and the building distribution in the highest soft the limited liability company	siness office of the registered that the change(s)				
	Library U. C. Hu. 7	Melissa M. Hunt, VP & Gene	ral Counsel				
Sign	ture of a member or authorized representative of a men	per Printed or ty	ped name of signee				
l harea provisi the ohl	by accept the appointment as registered agen- ions of all statutes relative to the proper and ligations of my position as registered agent a ely reflect a change in the registered office a d in writing of this change.	and agree to act in this capacity. I fur omplete performance of my duties, and provided for in Chapter 605, F.S. Or, i dress. I hereby confirm that the limited	her agrae to comply with the I am familiar with and accep I this document is being filed liability company has been				
nonyiei	and the second control of						
CT C	orporation System Jenifer Vincent						
CT C	orphiration System Senifer Vincent ue of Registered Agent Jenifer Vincent, VP and	Asst. Sec. C. T Corporation System • P.O. Box 6327• Tallahassee, FL 32.					

INHS18 (2/14)

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