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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 22, 2017

Order#: 565188-010

Re: HIRSCH ASSOCIATES LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

(a)	225 W. Hubbard, 5th Floor	(b)	
. (u),	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Chicago, IL 60654		
	05/03/2005	M0	5000002329
•	Date of filing/registration in Florida	4.	Document number
. (a)	Registered Agent Solutions Inc.		
. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	. of State:
	155 Office Plaza Priva Suita A		
	155 Office Plaza Drive, Suite A Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	Registred Office Address 177001 Do 1 1701 Do 1 1701 Do 1		
			TILED THE PROPERTY OF THE PROP
	Tallahassee , FL	32301	70.7
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(b)	Corporation Service Company		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	A A G G
			22 o
	1201 Hays Street		P
	NEW Registered Office Address:	****	
		-	
	Tallahassee , FL	, 32301	**************************************
ne cha gent v vas/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members of the of organization or the operating agreement of the	f the registered ability compa of the limited	d office and the business office of the register my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/3	A A	Ho	ward Hrs d_Authorized Person
Signal	ure of a member or authorized representative of a member		Printed or typed name of signee
	by accept the appointment as registered agent and ag	ree to act in th	his capacity. I further agree to comply with the of my duties, and I am familiar with and accepted for F.S. Or, if this document is being fill in that the limited liability company has been

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