M0700003784

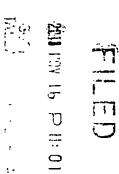
| (Re | questor's Name) | | | | | | | | | |
|---|-----------------|------|--|--|--|--|--|--|--|--|
| (Address) | | | | | | | | | | |
| (Address) | | | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | | | |
| PICK-UP | MAIT | MAIL | | | | | | | | |
| (Business Entity Name) | | | | | | | | | | |
| (Document Number) | | | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Office Use Only



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11/16/18--01016--008 **25.00







CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscqlbal.com

Date: November 14, 2018

Order#: 471465-187

Re: USF PROPCO II, LLC

Enclosed please find:

Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive 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.

OUCA.XCOA

2011 HOV 115 PH: 02

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. | Na | me of the limited liability company: USF PROPCO II, | LLC | | | | | |
|----------------|-------------------------|--|--|---|---|--|--|--|
| 2 | (a) | a) 9399 WEST HIGGINS ROAD | | (b) 9399 WEST HIGGINS ROAD | | | | |
| | (4) | Principal office address of limited liability company: | Mailing address of limited liabilit | | | | | |
| | | (Note: MUST BE STREET ADDRESS) | | | (Note: MAY E | E POST | <u>OFFICE</u> | BOX) |
| | | SUITE 500 | _ | SUITE 50 | 00 | | | |
| | | ROSEMONT IL 60018-6600 | _ | ROSEMO | ONT, IL 60018 | 3-6600 | | |
| | | 06/21/2007 | | M070000 | 03784 | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document nu | ımber | | |
| _ | | C T CORRORATION SYSTEM | | | | | | |
| 5. | (a) | C T CORPORATION SYSTEM Registered Agent and Registered Office shown on the records of th | e Florida | Dept of State | - e- | | | |
| | | | C I III IOU | ocpt. or man | | | | |
| | | 1200 SOUTH PINE ISLAND ROAD | | | _ | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET AI | <u>DDRESS)</u> | | | | | |
| | | | | | _ | | | |
| | | DI ANITATIONI | | | | | | |
| | | PLANTATION ,FL_ | 33324 | | - | | | |
| | | | | | | | | |
| | (b) | Corporation Service Company | NOT 13 | ··· | = | • | 73. | |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> |)111CC 800 | resy: | | | 24. (25) | ~ n |
| | | | | | | ,- | AON | 1-76-1 5390 |
| | | 1201 Hays Street | | | • | | <u> </u> | 1 77 |
| | | NEW Registered Office Address: | | | | | | 111 |
| | | | | | _ | | σ | J |
| | | | | | | | == | |
| | | Tallahassee | 32301 | | | | 02 | |
| | | , FL_ | 32301 | | - | | | |
| th ag w: | e cha ent v as/we | imited liability company is not organized under the laws inge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | he regist pility cou the limi | tered office mpany, it is ted liability | e and the busing s hereby confi y company or | ness off rmed th | ice of the | e registered ange(s) |
| | <u> </u> | <u> </u> | Jill C | ilmi, Autho | rized Person | | | |
| | Signa | ture of a member or authorized representative of a member | | | Printed or type | i name of | signee | |
| pr th to | ovisi e obl mere | by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I he I in writing of this change. | e to act performa for in C ereby co | in this cape nce of my e hapter 605 nfirm that | acity. I furthe duties, and I c 5, F.S. Or, if t the limited lia | r agree ım famii his doci bility co | to comp liar with ament is ompany h | ly with the and accept being filed has been |
| S | gnatu | re of Registered Agent Corporation Service Company | BY: Gr | ace E. Kii | rby, Assistan | t Vice l | Presiden | ıt |