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(Red	questor's Name)	- · · · · · · · · · · · · · · · · · · ·		
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FEB 1.7 2021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

2.

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 644755

7356549

AUTHORIZATION

COST LIMIT

ORDER DATE: February 2, 2021

ORDER TIME : 11:42 AM

ORDER NO. : 644755-010

CUSTOMER NO: 7356549

CHANGE OF AGENT

NAME: HENIFF TRANSPORTATION SYSTEMS,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

COVER LETTER

	egistration Section Division of Corporations				
SUBJEC	Heniff Transportation Systems,	Heniff Transportation Systems, LLC			
Name of Limited Liability Company					
Dear Sir o	or Madam:				
The enclo	sed Registered Agent/Registered Of	fice Change and f	fee(s) are submitted for filing.		
Please ret	urn all correspondence concerning th	nis matter to the fo	ollowing:		
Martin E.	Martinson				
	Name of Person				
Heniff Tra	ansportation Systems, LLC				
	Firm/Company		_		
2222 Car	nden Court				
	Address		_		
Oak Broo	ok, IL 60523				
	City/State and Zip Code		-		
dkubel@l	kelleydrye.com				
E-m	ail address: (to be used for future an	nual report notific	cation)		
For furthe	er information concerning this matter	, please call:			
Martin E.	Martinson	877 at (436-4331		
	Name of Person		Area Code & Daytime Telephone Number		
R D P.	failing Address: egistration Section vivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
E	nclosed is a check for the following	g amount:			
	\$25 Filing Fee	□ \$55	5 Filing Fee & Certified Copy		

INHS18 (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. Na	ame of the limited liability company: Heniff Transpor	ation Systems,	LLC		
2. (a)	2222 Camden Court	(b) 222	(b) 2222 Camden Court		
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability com (Note: MAY BE POST OFFICE BO	•	
	Oak Brook, IL 60523	Oak —	Brook, IL 60523		
	May 6, 2009	M090	00001996		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Incorp Services, Inc.				
	Registered Agent and Registered Office shown on the records of 17888 67th Ct North	the Florida Dept. (of State:		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)			
			.•		
	Loxahatchee , FL	33470	77		
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>l Office address</u> :			
	Corporation Service Company		D 20		
	NEW Registered Office Address:	·-	ند		
	1201 Hays Street				
	Tallahassee FL	32301			
change agent v was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered offic ability company of the limited lia	ce and the business office of the regis v. it is hereby confirmed that the chan ability company or as otherwise provi	tered ge(s)	
	artin E. Martinson	Martin E. I	Martinson		
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obl to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the change of this change.	ee to act in this performance of I for in Chapter iereby confirm	s capacity. I further agree to comply f my duties, and I am familiar with an r 605, F.S. Or, if this document is be that the limited liability company has	with the d accept ing filed been	
Signatu	re of Registered Agent	na numana			

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