Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE DYNIA AND ASSOCIATES, LLC

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Corporate Filing Menu

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T. CARTER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY \cdot

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.

2. (a)	4849 NORTH MILWAUKEE AVE. 801		(b) 4849 NORTH MILWAUKEE AVE. 801			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:			
	CHICAGO, IL 60630		(<u>Note: MAY BE POST OFFICE BOX</u>) CHICAGO, IL 60630			
						_
	11/12/2009		M0900000	1461		_
	Date of filing/registration in Florida	4.		Document number		
(a)	KABRAWALA, CHIRAG					
	Registered Agent and Registered Office shown on the records		<u> </u>			
(b) .	Registered Office Address (MUST BE FLORIDA STREE 517 SHADY LANE DRIVE		<u> </u>	_	•	
	ORLANDO	FI. 2804				
	NRAI Services, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office a	ddress:	-	SEP 24	LAHASSE
	NEW Registered Office Address:			-	P#	11. [1] [1]
	1200 South Pine Island Road			-	မ္မာ	LOR
	Plantation	FL 33324		_	ည	io A
: cha ent w s/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited an attimative vote of the members cles of organization or the operating agreement of the	of the reg liability of s of the lis	istered offici zompany, it i mited liabilit	e and the business office of s hereby confirmed that the y company or as otherwise	f the registere e change(s)	d
	1/5.	Al	ired S. Dynia			_
	ure of a member of authorized representative of a member			Printed or typed name of signe		
aret visit obli nere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provide ity reflect a change in the registered office address, ith writing of this change.	gree to a le perform ded for in I hereby fred Yo	et in this cap nance of my Chapter 603 canfirm that	acity. I further agree to co duties, and I am familiar w s, F.S. Or, if this document the limited liability compa	imply with the lith and accept is being filed ny has been	ot i
11/15/24						

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