5/24/2021

Division of Corporations

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LLC REGISTERED AGENT CHANGE **FARMTON SERVICES LLC**

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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.

l. Na	ame of the limited liability company: FARMTON SE	RVICES LI	.C				
2. (a)		{b)				
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		:	Mailing address of limited lin		:	
	410 N. MIGHIGAN AVENUE, ROOM 590		410 N. MIGHIGAN AVENUE, ROOM 590				
	CHICAGO, IL 60611		CHICAGO, IL 60611				
	02/09-2011		M11000000	672			
3.	Date of filing/registration in Florida			Document number	w 		
5. (a)	MICHAEL A BROWN						
5. (a)	Registered Agent and Registered Office shown on the records o	t the Florida	Dept. of State	~ e`			
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS	<u> </u>	-	 1		
	3450 OLD DAWSON RANCH ROAD	··		_	ALC:	2021	
	FDGEWATER, F	L_32131		_	AHA	2021 KAY	
(b)	C.T. Corporation System				SSEE VEN	25	7
	Enter name of NEW Registered Agent and/or NEW Registered Office address		-	AHASSEE, FLOR		<u>; </u>	
				_	ANT.	3: 32	
	NEW Registered Office Address:				•		
	1200 South Pine Island Road			_			
	Plantation F	33324 L		_			
the chagent was w	timited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members or the operating agreement of the L. Fuculman.	aws of the of the regi- liability co of the lim te limited !	State of Flatered office inpany, it in ited liability	e and the business office is hereby confirmed that by company or as otherw npany.	e of the regi the change	st c red (s)	
_	and of a member of animorized representative of a member			Printed or typed name of si	gnec		
provis the ob to mei notifie By:	I I I OCDOCUIDO NUSICO I MANGANI KAMBA	gree to act le perform led for in C I hereby co istine Kelm ant Socretary	in this cap ance of my hapter 60, onfirm that	pacity. I further agree to duties, and I am familia 5, F.S. Or, if this docun the limited liability con	o comply wi or with and o pent is heing opany has b	th the accept giled een	r