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(Re	equestor's Name)					
(Ac	ddress)					
(Ac	ddress)					
(Ci	ty/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Bu	usiness Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to	Filing Officer:					
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2022 JUN 23 AM II: 20 ALLI AHASSEE, PÉRE

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2022 JUN 23 PM 12: 07

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 676509 - 8331866

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AUTHORIZATION : THE COMME

COST LIMIT : \$ 25.00

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ORDER DATE: May 16, 2022

ORDER TIME : 9:14 AM

ORDER NO. : 676509-238

CUSTOMER NO: 8331866

CHANGE OF AGENT

NAME: WESTERN MARINA WEST INDUSTRIAL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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. 1	Name of the limited liability company: WESTERN MA	ARINA WE	ST INDUS	STRIAL, LLC	
2. (a	233 W. Wacker Drive, Suite 4700	(b)		
z. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, <u></u>	Mailing address of limite (Note: MAY BE POS	
	Chicago, IL 60606	-			
	11/28/2011		М1100000	05932	
3.	Date of filing/registration in Florida			Document number	
5. (8	C T Corporation System				
J. (c	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of Stat	— le:	
	1200 South Pine Island Road				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	
				_	
	Plantation, FI.	33324			
	, , , ,	<i></i>		_	2027 SE
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			_	
`	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:		HILL JUN 23 CRETARY AHASSE
	Corporation Service Company			_	''
	NEW Registered Office Address:				
	1201 Hays Street			_	PMI2: 07
	Tallahassee, FL	32301		_	7
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	ws of the S registered ability cor of the limi	d office and npany, it is ted liability	d the business office s hereby confirmed t y company or as othe	e of the registered that the change(s)
	fill Cilmi			orized Person	
	nature of a member or authorized representative of a member			Printed or typed name of	of signee
provi.	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I he ed in writing of this change.	perjormai	nce oj my g	aunes, ana i oin jaini	mar win ana accept
notifi [•			
Signat	ture of Registered Agent	ni M. Ca	sper, Asst	t. Vice President	