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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 466421 8369821

AUTHORIZATION : XXXII &

COST LIMIT : 🕏 35./00

ORDER DATE: February 9, 2022

ORDER TIME : 4:46 PM

ORDER NO. : 466421-028

CUSTOMER NO: 8369821

CHANGE OF AGENT

NAME: BUREAUS INVESTMENT GROUP

PORTFOLIO NO. 3 LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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	ume of the limited liability company:	VESTMEN	NT —-	T GROUP PORTFOLIO NO. 3 LLC
2	(a)		(b))
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 `	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		650 Dundee Road, Suite 370			650 Dundee Road, Suite 370
		Northbrook, IL 60062			Northbrook, IL 60062
		04/30/2012		ħ	M12000002389
3.		Date of filing/registration in Florida	4.	_	Document number
5.	(a)				
	(/	Registered Agent and Registered Office shown on the records of INCORP SERVICES, INC.	Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		17888 67TH COURT NORTH			
		LOXAHATCHEE F	33470		972 FE3
	(b)				co co
		Enter name of NEW Registered Agent and/or NEW Registere	ed Office ad	ddr	dress:
		Corporation Service Company			ි.
		NEW Registered Office Address:	7.		
		1201 Hays Street			
		-			
		Tallahassee . F	L32301		
age wa the	ange ent w s/we artic	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members cles of organization or the operating agreement of the (S): JILL CILMI	e registere iability co of the lim e limited l	ed om nite lial	d office and the business office of the registered npany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
	ignati	Printed or typed name of signee			
pro the to i	ovisio obli nere	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change.	e performe ed for in C hereby co	and The Onf	in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been KIRBY, ASST. VICE PRESIDENT
Sig	matur	e of Registered Agent	GRACE E	J. [KIMEL, ASST. VICE I RESIDENT

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