M1200000239Z

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PICK-UP WAIT MAIL
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Office Use Only



400379992614

2022 FEB 18 PH12: 0

RECEIVED

7027 FEB 18 AT COR

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 466421 8369821

AUTHORIZATION

COST LIMIT : (\$\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\struct{\$}\

ORDER DATE: February 9, 2022

ORDER TIME : 4:47 PM

ORDER NO. : 466421-063

CUSTOMER NO: 8369821

CHANGE OF AGENT

NAME: BUREAUS INVESTMENT GROUP

PORTFOLIO NO. 6 LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
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.

2. (a)					
	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	0 Dundee Road, Suite 370	
	Northbrook, IL 60062		Noi	orthbrook, IL 60062	
	04/30/2012		M12	2000002392	
	Date of filing/registration in Florida	4.		Document number	
. (a)					
	Registered Agent and Registered Office shown on the records of	t, of State:			
	INCORP SERVICES, INC.				
	Registered Office Address				
	17888 67TH COURT NORTH				
	LOXAHATCHEE	L 33470)		
	r	L			
(b)					
` '	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee	32301 L	ł		
hange gent w /as/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of of the li	ered off compar mited l	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
/S/: JILL CILMI				MI, AUTHORIZED PERSON	
Signature of a member or authorized representative of a member			Printed or typed name of signee		

GRACE E. KIRBY, ASST, VICE PRESIDENT