## M1400005654

| (Requestor                       | s Name)               |  |  |  |
|----------------------------------|-----------------------|--|--|--|
| (Address)                        |                       |  |  |  |
| (Address)                        |                       |  |  |  |
| (City/State/Zip/Phone #)         |                       |  |  |  |
|                                  |                       |  |  |  |
| (Business E                      | Entity Name)          |  |  |  |
| (Document                        | Number)               |  |  |  |
| Certified Copies C               | ertificates of Status |  |  |  |
| Special Instructions to Filing O | fficer:               |  |  |  |
|                                  |                       |  |  |  |
|                                  |                       |  |  |  |
|                                  |                       |  |  |  |
|                                  |                       |  |  |  |



TENTINE 23 AM 9: 58



Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT | NO. | : | 120000000195 |
|---------|-----|---|--------------|
|         |     |   |              |

REFERENCE : 595920

8182938 11 AUTHORIZATION : Compile Bas

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

,

COST LIMIT : \$ 25.00 

- ORDER DATE : March 17, 2023
- ORDER TIME : 1:34 PM
- ORDER NO. : 595920-002
- CUSTOMER NO: 8182938

## CHANGE OF AGENT

NAME: 10636 GANDY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

.

CONTACT PERSON: Eyliena Baker

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.

|     | me of the limited liability company: 10636 GANDY,   |           |                   | <u> </u>   |        | <u> </u> |    |
|-----|---|-----------|-------------------|--|--------|----------|----|
| a)  | 233 S. Wacker Drive   |           | (b)               |  |        |          |    |
|     | Principal office address of limited liability company:<br>( <u>Note: MUST BE STREET ADDRESS</u> ) |           | У                 | failing address of lin<br>( <u>Note: MAYBE P</u> |        |          |    |
|     | Suite 4300  |           | Suite 4300        | )  |        |          |    |
|     | Chicago, IL 60606   |           | Chicago, I        | L 60606  |        |          |    |
|     | 08/07/2014  |           | M14000005         | 654  |        |          |    |
|     | Date of filing/registration in Florida  | 4.        | 1                 | Document numbe                                   | ег     |          | -  |
| (a) | NRAI SERVICES, INC  |           |                   |  |        |          |    |
|     | Registered Agent and Registered Office shown on the records of<br>1200 SOUTH PINE ISLAND ROAD     | the Flori | ia Dept. of State | :  |        |          |    |
|     | Registered Office Address (MUST BE FLORIDA STREET   | ADDRES    | <u>S)</u>         |  |        |          |    |
|     | PLANTATION .FI  | 33324     |                   |  | A TWE  | 2023 HAR |    |
| 5)  |   |           |                   |  | ARY OF | 23       | í  |
|     | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registeree</u>                            | Office a  | ddress:           |  | 1 1 1  | AM 9:    | [] |
|     |   |           |                   |  | Г.S.Т. | 9        |    |
|     | Corporation Service Company   |           |                   |  | -H     | S.       |    |
|     | Corporation Service Company <u>NEW</u> Registered Office Address:                                 |           |                   |  | с<br>Ч | 58       |    |
|     |   |           |                   |  |        | 58       |    |

/S/ Jill Cilmi

Jill Cilmi, Authorized Representative
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

.Kub! race ( Signature of Registered Agent

Signature of a member or authorized representative of a member

Grace E. Kirby, Asst. Vice President Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00