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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195								
REFERENCE : 595920 8182938								
AUTHORIZATION: Syntial rade								
COST LIMIT : \$ 25.00								
ODDED DATE Marrie 17 0000								
ORDER DATE: March 17, 2023								
ORDER TIME : 1:34 PM								
ORDER NO. : 595920-004								
CUSTOMER NO: 8182938								
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
<u>CHANGE OF AGENT</u>								
NAME: 1500 N. ORANGE, 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.

1.	Na	one of the limited liability company: 1500 N. ORANG	E, LL(	<u> </u>		
2.	(a)	233 S. Wacker Drive		(b)	233 S. V	Vacker Drive
	ν/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	<b>\-</b> /		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		4700	_		4700	
		Chicago, IL 60606	_		Chicago,	IL 60606
		08/07/2014		Ņ	И1400000	05671
3.		Date of filing/registration in Florida	4.	_		Document number
5.	(a)	NRAI SERVICES, INC				2
٥,	(u)	Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD	ne Flori	Florida Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- 23	
						3
		PLANTATION , FL	33324	,		- H 9:5
						٠. س
	(b)					_
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	)ffice :	add	ress:	
		Corporation Service Company				
		NEW Registered Office Address:				_
		1201 Hays Street	·			_
		Tallahassee 3	32301			
		, FL				_
ch ag wa	ange ent v is/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egiste pility o the li	rec con mit	l office an ipany, it i ted liabilit	d the business office of the registered s hereby confirmed that the change(s) sy company or as otherwise provided in
		/S/ Jill Cilmi	Jii	1 C	ilmi, Autho	orized Representative
	Signal	ure of a member or authorized representative of a member				Printed or typed name of signee
pre the to	ovisi 2 obl mere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I have I'm writing of this change.	e to a erfori for in ereby	et i nar CI cor	n this cap nce of my napter 602 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
		re of Registered Agent  Kirby, Asst Vice President				

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

INHS18 (2/14)