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(((H22000278845 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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## LLC REGISTERED AGENT CHANGE NXT CAPITAL, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| submit   | ant to the provisions of sections 605.0<br>is the following statement in order t  | 0114 or 605.0116,<br>ta change its regi  | Florida Statu<br>istered office   | tes, the undersigned limi<br>or registered agent, or  | ited liability compa<br>both, in the State   | of      |  |
|--|---|--|---|---|--|---------|--|
| Florida.   |   | L, LLC   |   |   |  |         |  |
| 1. Na  | me of the Limited Liability Company:  |  |   |   |  |         |  |
| 2. (a)   | 191 N WACKER DR. 30TH F   | 1 N WACKER DR. 30TH FLOOR  |   | (b) 191 N WACKER DR. 30TH FLOOR   |  |         |  |
| (-)  | Principal office address of limited lin   | bility company:  | _ (-)   | Mailing address of limit  | ed liability company:  |         |  |
|  | ( <u>Note: MUSX BE STREET A</u>   | DDRESS)  |   | (Note: MAX BE POS   | <u>(T OFFICE BOX</u> )   |         |  |
|  | CHICAGO, IL 60606   |  |   | CAGO, IL 80808  |  | _<br>_  |  |
|  | 2/19/2015   |  | M15   | 5000001361  |  | _       |  |
| 3.   | Date of filing/registration in  | Florida  | 4.  | Document number   |  |         |  |
| 5 (a)  | CORPORATION SERVICE   | COMPANY  |   |   |  |         |  |
| J. (a)   | Registered Agent and Registered Office sho  | wn on the records of t   | se Florida Dept. o  | of State:   |  |         |  |
|  | 1201 HAYS STREET  |  |   |   |  |         |  |
|  | Registered Office Address (MUST BE F  | LORIDA STREET A  | DDRESS)   |   |  |         |  |
|  |   |  |   |   |  |         |  |
|  | TALLAHASSEE   | , FL_  | 32301   |   | 2022<br>   |         |  |
|  |   |  |   |   | CAUG   |         |  |
| <b>(b)</b>                                       | Capitol Corporate Services, I   |  | DOT del   | <del>_ ,,,</del>  | ==== <b>6</b>  |         |  |
|  | Enter name of NEW Registered Agent and  | or NEW REPSERVE  | Other sadters.  |   | 28 <b>7</b>  | =       |  |
|  | 515 East Park Avenue 2nd F  | T  |   |   | (7) = 's   | E       |  |
|  | NEW Registered Office Address:  |  |   |   |  |         |  |
|  |   |  |   |   |  |         |  |
|  |   |  |   |   |  |         |  |
|  | Tallahanaa  | _  | 22201   |   | . •  |         |  |
|  | Tallahassee   | , FL_  | 32301   | <del></del>   |  |         |  |
| agent was/w                                      | timited liability company is not organ<br>ange or changes are made, the Florida<br>will be identical. Or, in the case of a<br>ere authorized by an affirmative vote<br>icles of organization or the operating | street address of<br>Florida limited lia<br>of the members of                        | the registered<br>bility compan<br>I the limited li                     | office and the business o<br>y, it is hereby confirmed<br>ability company or as other                                 | that the change(s)   |         |  |
|  |   |  | Ryan F  |   |  | _       |  |
|  | sture of a member or authorized representative  |  |   | Printed or typed name   | _  | L.      |  |
| I here<br>provis<br>the ob-<br>to mer<br>notifie | by accept the appointment as register<br>lons of all statutes relative to the pro-<br>ligations of my position as registered<br>ely reflect a change in the registered<br>a in writing of this change.        | red agent and agre<br>per and complete p<br>agent as provided<br>affice address, I h | se to act in this<br>performance of<br>I for in Chapte<br>ereby confirm | s capacity. I juriner agri<br>of my duries, and Lam agri<br>or 605, F.S. Or, if this do<br>that the limited liability | ee to comply with the new miliar with and acceptument is being file company has been | r<br>Pj |  |
| 3  | - Indutes   | Brian R  | tadecki, Ass  | sistant Secretary on  |  |         |  |
| Signati  | ire of Registered Agont   |  | -   | orporate Services, I  | nc.  |         |  |
|  | Division of Corp  | orations• P.O. B<br>FILING FE  |   | lahamee, FL 32314   |  |         |  |
|  | 9/1.43  | LIDEO FE   | 00,بعرب وبود  |   |  |         |  |

INHS 18 (2/14)