## M15000002193

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	. :	12000000195				
REFERENCE	E :					
AUTHORIZATION	: 1/2					
COST LIMIT	Γ:	\$ 25.00				
ORDER DATE : 09/16/2025						
ORDER TIME :						
ORDER NO. :						
CUSTOMER NO:						
	<b></b> -					
CHANGE OF AGENT						
NAME:						
PLEASE RETURN THE FOLLOWING A	AS PRO	OOF OF FILING:				
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CONTACT PERSON:						
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-		<del></del>				

## 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. N	lame of the limited liability company: SECURITY ON	E AGEI	ЛС,	/ LLC	
2. (a)	200 East Randolph Street Suite 3300		(b)	5555 Gate	e Parkway Suite 500
2. (1.)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(.,	N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Chicago, IL 60601			Jacksonvi	ille, FL 32256
	03/24/2015		N	115000002	193
3.	Date of filing/registration in Florida	4.		Ì	Document number
5. (a	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM  Registered Office Address (MUST BE FLORIDA STREET)			Dept. of State	
	1200 SOUTH PINE ISLAND ROAD				Se Se
	PLANTATION, FI	33324			WES SEP 16 TO SEPARASSE
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	l Office :	ıddı	ress:	R. S.
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee FI	32301			
chang agent was/v	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ligger authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe ability of of the li	red com mit	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	John M. Boschelli	Jo	hn	M. Bosche	elli , Authorized Person
Sign	ature of a member or authorized representative of a member				Printed or typed name of signee
provi: the ob to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I i ed in writing of this change.	nertori.	11/11	ce of my d.	uties, and Lam familiar with and accept-
Signat	ure of Registered Agent GRACE E. KIRBY, ASST.	VICE P	RE	SIDENT	

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