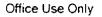
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(Req	uestor's Name)		
(Address)			
(Address)			
(1.00.			
(City/	State/Zip/Phone #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates o	f Status	
Special Instructions to Filing Officer:			





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OCT 03 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: September 18, 2019

Order#: 898882-008

Re: DAVID J. JACKSON & COMPANY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Katie THOMAS

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office OUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOT LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

1. N	ame of the limited liability company: DAVID J. JACK	KSON & CO	OMPANY, LLC
2. (a)	755 E MCARDLE DR. SUITE A	(b)	755 E MCARDLE DR. SUITE A
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability companies: MAY BE POST OFFICE BO
	CRYSTAL LAKE, IL 60014		CRYSTAL LAKE, IL 60014
	10/30/2015		M15000008730
3.	Date of filing/registration in Florida	4.	Document number
5. (a)) INCORP SERVICES, INC		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:
	17888 67TH COURTH NORTH		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	LOXAHATCHEE . FI	L <u>33470</u>	
			2019 SEP 20
(b)		1000	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>a Omee agar</u>	<u>m</u> :
	1201 Hays Street		
	NEW Registered Office Address:	 .	
			·
	·		
	Tallahassee Fi	32301	,
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the registe iability con of the limit	ered office and the business office of the re- npany, it is hereby confirmed that the chang- ed liability company or as otherwise provid-
	Xie & Clenie	Jill Ci	lmi, Authorized Person
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	why accept the appointment as registered agent and agentions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I ad in writing of this change.	ree to act is performaned for in Cl hereby con	n this capacity. I further agree to comply water of my duties, and I am familiar with anatapter 605, F.S. Or, if this document is being that the limited liability company has
Signati	Unce of Registered Agent Corporation Service Company	BY: Gre	ace F. Kirby Asst. Vice President