M16000004190

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000317586750

09/04/18--01016--006 **25.00

SEP - 8 2018 S. PRATHER

COVER LETTER

	stration Section sion of Corporations				
SUBJECT:	DOC-1299 Industrial Drive N	ИОВ, LLC			
JOBOLET.	Name of Limited Liability Company				
Dear Sir or M	Aadam:				
The enclosed	l Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:					
Tonya Gid	eon				
	Name of Person		_		
Universal I	Registered Agents, Inc.				
	Firm/Company		-		
524 S. 2nd	St., Suite 505				
	Address	·	_		
Springfield	, IL 62701				
	City/State and Zip Code		_		
info@urag	ents.com				
E-mail	address: (to be used for future anni	ial report notific	cation)		
For further in	formation concerning this matter,	please call:			
Tonya Gide	eon	217 at (501-4283		
	Name of Person		Area Code & Daytime Telephone Number		
Regis Divis Clifto 266 l	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		istration Section ision of Corporations . Box 6327		
Encl	Enclosed is a check for the following amount:				
☑ \$2	5 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy		
INHS18 (2/14))				

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.

t. Na	me of the limited liability company: DOC-1299	maasaa	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	309 N Water Street		309 N Water Street
	Suite 500		Suite 500
	Milwaukee, WI 53202		Milwaukee, WI 53202
3.5. (a)	Date of filing/registration in Florida 05/25/2016	4.	Document number
σ. (α)	Registered Agent and Registered Office shown on the records REGISTERED AGENT SOLUTIONS, INC		a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS	2 02
	Tallahassee	_L 32301	
(b)	Universal Registered Agents, Inc. Enter name of NEW Registered Agent and/or NEW Register NEW Registered Office Address:	ed Office ad	dress: برج برج برج
	1317 California Street		
	Tallahassee, I	32304	
signa I here provisi the oblito merinotified	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cless of organization or the operating agreement of the member of a member or authorized representative of a member or accept the appointment as registered agent and of	laws of the of the reginability costs of the limited Johnstein and Johnstein the limited Johnstein to account the limited series the limited series to account the limited series th	State of Florida, it is hereby confirmed that after stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) sited liability company or as otherwise provided in