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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACC	OUNT NO.	:	1200000	00195		
	Ŕ	EFERENCE	:	626376	14541	5A	
	AUTHO	RIZATION	:	Synh	dena		
<b>-</b>	C0	ST LIMIT	:	\$ 25.00	) <b></b>		<b></b>
ATE :	March 3	1, 2023					
IME :	1:16 P	M					
0. :	626376-	030					
R NO:	1454	15A					
	<u>CH</u>	ANGE OF A	AGEN'	<u>r</u>			
NAME :	MORT LLC	ON TERMII	NAL :	LAND HOL	DINGS,		
RETURN	THE FOL	LOWING AS	S PRO	OOF OF F	'ILING:		
PERSON	1: Alex	xis Weila	and-:	sorenson	ı		
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]	IME :  O. :  R NO:   NAME:  RETURN  CERTIF  PLAIN	AUTHO  CO  ATE : March 3  IME : 1:16 P  O. : 626376- R NO: 1454  CH  NAME: MORT LLC  RETURN THE FOL  CERTIFIED COP PLAIN STAMPED	REFERENCE  AUTHORIZATION  COST LIMIT  ATE: March 31, 2023  IME: 1:16 PM  O.: 626376-030  R NO: 145415A  CHANGE OF  NAME: MORTON TERMINATE  LLC  RETURN THE FOLLOWING AS  CERTIFIED COPY PLAIN STAMPED COPY  PERSON: Alexxis Weils	REFERENCE :  AUTHORIZATION :  COST LIMIT :  ATE : March 31, 2023  IME : 1:16 PM  O. : 626376-030  R NO: 145415A  CHANGE OF AGENT  CHANGE OF AGENT  LLC  RETURN THE FOLLOWING AS PRO CERTIFIED COPY PLAIN STAMPED COPY  PERSON: Alexxis Weiland-s	REFERENCE : 626376  AUTHORIZATION : COST LIMIT : \$ 25.00  ATE : March 31, 2023  IME : 1:16 PM  O. : 626376-030  R NO: 145415A  CHANGE OF AGENT  NAME: MORTON TERMINAL LAND HOLLC  RETURN THE FOLLOWING AS PROOF OF F  CERTIFIED COPY PLAIN STAMPED COPY  PERSON: Alexxis Weiland-sorenson	AUTHORIZATION : CARLING AND COST LIMIT : \$ 25.00  ATE : March 31, 2023  IME : 1:16 PM  O. : 626376-030  R NO: 145415A  CHANGE OF AGENT  NAME: MORTON TERMINAL LAND HOLDINGS, LLC  RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY	REFERENCE : 626376 145415A  AUTHORIZATION : SPACE SEE  COST LIMIT : \$ 25.00  ATE : March 31, 2023  IME : 1:16 PM  O. : 626376-030  R NO: 145415A  CHANGE OF AGENT  NAME: MORTON TERMINAL LAND HOLDINGS, LLC  RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY PLAIN STAMPED COPY  PERSON: Alexxis Weiland-sorenson

## . 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	me of the limited liability company: MORTON TERM	MINAL I	_AND HOL	DINGS, LLC			
2. (	a)		(	(b)				
\	,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		9810 S DORCHESTER AVE		9810 S	DORCHESTER AVE			
		CHICAGO, IL 60628		CHICAC	30. IL 60628			
		01/17/2017		M170000	000467			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)							
٥.	(11)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of St	ate:			
		CT CORPORATION SYSTEM						
		Registered Office Address (MUST BE FLORIDA STREET)	4DDRES	<u>(S)</u>	<del>_</del>			
		1200 S PINE ISLAND RD, #250				20:		
		PLANTATION FL	33324		_	,, 2023 APR		
(	b)	Enter name of NEW Registered Agent and/or NEW Registered	43.67		_			
		Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>ddress</u> :				
		Corporation Service Company			:	AH 9: 0!		
		NEW Registered Office Address:			<del></del>	•		
		1201 Hays Street			<u></u>			
		Tallahassee	32301					
char ager was	nge nt w /we artic	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liamere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the Linda Feece	registerability confirmation from the limited	red office a ompany, it nited liabil liability co	nd the business office of is hereby confirmed the ity company or as othe	of the registered at the change(s)		
Si	gnat	ure of a member or authorized representative of a member			Printed or typed name of	Signee		
prov the to m	visio obli iere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have the property of this change.	perform I for in iereby c	iance of mi Chapter 60 confirm tha	duties, and I am famil 15, F.S. Or, if this doct t the limited liability ca	liar with and accept iment is being filed impany has been		
Sign	atur	Linace CKNDI e of Registered Agent	GRACI	E E. KIRB'	Y, ASST. VICE PRESI	IDENT		