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Division of Corporations

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Account Number: I20160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

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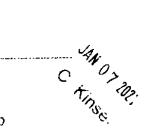
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H21000006024

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

1. The name of the limited liability company is:	JL,L, Ar	chitecture, LLC		<u> </u>	Ž	
2. (a) Principal office address of the limited liability of	ompany:	200 E Randolph [<u> </u>	A	<u></u>	- T
(Note: MUST BE STREET ADDRESS)		Chicago IL 60601	· · · · · · · · · · · · · · · · · · ·		Z -	2.2551.27 2.2581.27
(b) Mailing address of limited liability company:		200 E Randolph Dr		(A)	Ī	F
(Note: MAY BE POST OFFICE BOX)	Chicago IL 60601		715.	œ		
1/20/2017	_		M170000000055	7 - =	8	
 Date of filing/registration in Florida (a) Registered Agent and Registered Office 	e shown o	4. Document num on the records of the		et. of Sta	te:	
Registered Agent:		Corporation Service	c Company			
Registered Office Address:	1201 Hays St					
		Tallahassee FL 323	01			
(b) Enter name of NEW Registered Agent and/o	or <u>NEW R</u>	egistered Office addre	<u>w:</u>			
NEW Registered Agent: United Agent Group Inc.						
NEW Registered Office Address:		801 US Highway I				
(MUST BE FLORIDA STREET ADDR	ESS)					
		North Palm Beach	FL	33408		
If the limited liability company is not organized under changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liability an affirmative vote of the members of the limited liability comparating agreement of the liability comparating agreement of the liability comparating agreement of the liability comparating	e registered y company bility comp pany.	forfice and the business , it is hereby confirmed to pany or as otherwise pro	ornce or the re that the change	gistered at (s) was/we	re autho	rized by
(Signature of a member or authorized representative of a n	nember)					
Saray Djidji, Attorney in Fact (Printed or Typed name of signee)						
I hereby accept the appointment as registered agent of all statutes relative to the proper and complete pe my position as registered agent as provided for in C in the registered office address, I hereby confirm tha	rformance havter 605	of my duties, and I am f i.F.S. Or, if this docume	ammar win ai ent is being file been notified i	d to merel writing o	ne anagi y reflect	a change
(Signature of Registered Agent)	D.O. T	─────────────────────────────────────	jidji, Special S Soo III 1711	ecretary 4		
Division of Corporation	is, P.O. I	50X 0527, Tananas	see, pl Jaja	•		
Corporate Creations International						
801 US Highway 1						
North Palm Beach FL 33408 (561) 694-8107						