## M17000008295

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	ocument Number)	<del></del>	
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
	·		





200311534382

J. LEGGETT APR 1 8 2018

SECRETARY OF STATE

II APR 17 AM S. (





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date:4/17/18	<u> </u>	Account#: I20000000088
Name: KEN HOW	/ELL_	
Reference #: B	100376	
Entity Name: USIP	III (JACKSONVI	LLE), LLC
Articles of Incorporat	ion/Authorization to T	ransact Business
Amendment		
Change of Agent		
Reinstatement		
☐ Conversion		ISSUES - CALL KEN @ 518-213-0738
Merger		210 210 0.00
Dissolution/Withdraw	/al	
Fictitous Name		
Other		
Authorized Amount:	\$25.00	

Authorized Amount:

Signature:

## 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.

ame of the limited liability company: USIP III (				
Principal office address of limited liability company (Nate: NUST BE STREET ADDRESS)		(Note: MAY BE PC	iling address of limited liability company: Nate: MAY BE POST OFFICE BOX)	
9450 W Bryn Mawr Ave	150 W Bryn Mawr Ave	Bryn Mawr Ave		
Suite 750, Rosemont, IL 60018	SI	ulte 750, Rosemont, II	L 60018	
9/26/2017	M1	7000008295		
Date of filing/registration in Florida C T Corporation System	4.	Document numbe	r	
Registered Agent and Registered Office shown on the record	ls of the Florida Dep	t. of State:		
Registered Office Address (MUST RE FLORIDA STRE	ET ADDRESS)		2018 APR 17 1 SLONE FARY OF FALLAHASSEE	
Plantation	FL 33324		APR I	
Cogency Global Inc.			T ASSECT	
Enter name of NEW Registered Agent and/or NEW Register	ered Office address	<del></del>	FL( 8	
115 North Calhoun St., Suite 4			AH 8: 03 OF STATE E, FLORID	
NEW Registered Office Address:		<del></del> -	•	
Tallahassee	FL 32301	<del></del>		
mited liability company is not organized under the right or changes are made, the Florida street address will be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the member cles of organization or the operating agreement of the distribution of the operating agreement of the distribution of a member or authorized representative of a member	laws of the States of the registered liability compars of the limited the limited liabil	d office and the business only, it is hereby confirmed liability company or as office of the company.  The Company.  Printed or typed name	office of the registed that the change(s) herwise provided in the change of signee	
oy accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as proving reflect a change in the registered office address in writing of this change.	agree to act in the effection of the efformance idea for in Chap.  Thereby confirmance in the effection of the effective of the effection of the effective of the effection of the effective of t	its capacity. I further agr of my dutles, and I am fai ter 605, F.S. Or, if this do in that the limited liability	ee to comply with t niliar with and acc scanent is being fli company has been	