	(Requestor's Name)
	(Address)
	(Address)
.·	(City/State/Zip/Phone #)
- -	PICK-UP WAIT MAIL
<u></u>	(Business Entity Name)
	(Document Number)
<u></u> Certifie	ed Copies Certificates of Status
Spec	cial Instructions to Filing Officer.
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	Office Use Only
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	I2000000195							
	REFERENCE	:	558973 8455403							
	AUTHORIZATION	:	Spelle le man							
	COST LIMIT	:	\$ 25.0							
ORDER DATE :	July 22, 2024									
ORDER TIME :	2:31 PM									
ORDER NO. :	558873-061									
CUSTOMER NO:	8455403									
	. 		·							
CHANGE OF AGENT										
NID MIT.		,	ATORE CHRIST TAG							
NAME:	FIELD AUDIT S	EKV	ICES TEAM, DLC							
DICACE DECIDA	THE FOLLOWING AS	מת י	NOOE OF BILING							
		, PR	COOP OF FILING:							
	FIED COPY STAMPED COPY									
CONTACT PERSON	I: Shauna Godbol	t.								

EXAMINER'S INITIALS:

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. N	ame of the limited liability company: FIELD AUDI	T SERVICE	S TEAM, LLO	D		
2. (a)	203 N LaSalle St Suite 1500	alle St Suite 1500				
_, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Chicago, IL 60601		Chicago, IL	_ 60601		
	12/20/2017		M17000010)775		
3.	Date of tiling/registration in Florida	4.		Document number		
5. (a)						
, ,	Registered Agent and Registered Office shown on the record	s of the Florid	a Dept. of State:			
	CT CORPORATION SYSTEM					
	Registered Office Address	ET ADDRES.	<u>S)</u>			
	1200 SOUTH PINE ISLAND RD.			200		
	PLANTATION	, FL_33324		177 Jul		
(b)				29		
(v)	Enter name of NEW Registered Agent and/or NEW Register	ered Office ac	ldress:			
	Corporation Service Company			. છું. જે. ૦૪		
	NEW Registered Office Address:		-	;·. C.		
	1201 Hays Street					
	Tallahassee	.FL32301				
change agent v was/w	timited liability company is not organized under the corchanges are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	the registered liability eders rs of the lin	ed office and ompany, it is l tited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
	KATE LONG	KA	KATE LONG, AUTHORIZED PERSON			
Signa	iture of a member or authorized representative of a member			Printed or typed name of signee		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent GRACE E. KIRBY, ASST. VICE PRESIDENT