## M18000002585

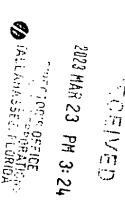
(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
	RB

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A. EUTLER

MAR 2 4 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOU	T NO.	:	12000000	00195	
		REF	ERENCE	:	595920	8182938	
		AUTHORI	ZATION	:	Santo	Elman	,
		COST	LIMIT	:	\$ 25.00		
ORDER DA	ATE :	March 17,	2023		<b></b>	·	
		1:42 PM					
		595920-060	<b>1</b>				
COSTOMER	( NO:	8182938	3				
CHANGE OF AGENT							
N	IAME :	SPRING	RUN HOI	LDII	NGS LLC		
PLEASE R	RETURN	THE FOLLOW	VING AS	PRO	OOF OF FI	LING:	
		'IED COPY STAMPED CO	PY				
CONTACT	PERSON	: Eyliena	a Baker				

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. Na	ame of the limited liability company: SPRING RUN	1 HOLDII	NGS	S LLC				
2. (a)	233 S. Wacker Drive		(b) 233 S. Wacker Drive					
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	Suite 4700			Suite 47	00			
	Chicago, IL 60606			Chicago	, IL 60606			
	03/14/2018		N	/1800 <b>0</b> 0	02885			
3.	Date of filing/registration in Florida	4.	_		Document number	41.2		
5. (a)	NRAI SERVICES, INC.							
J. (a)	Registered Agent and Registered Office shown on the records	of the Flor	rida I	Dept. of Sta				
	1200 SOUTH PINE ISLAND ROAD					7ii/		
	Registered Office Address (MUST BE FLORIDA STREET ADDI		ESS)			711/3 <b>H</b> AR		
						ã ; N		
	PLANTATION	33324		<del></del>	<u> </u>			
	, ]	FL				TO		
(L)					,	The State of		
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office	add	ress:	<del>-</del> ·. ;	0.7		
	Corporation Service Company				_			
	NEW Registered Office Address:							
	1201 Hays Street				_			
	Tallahassee	3230°	1					
change agent v was/wo	imited liability company is not organized under the le or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the /S/ Jill Cilmi	he registe liability s of the li ne limited	ered com imit d lia	office and pany, it ed liabili bility con	nd the business office of the is hereby confirmed that the ty company or as otherwise mpany.	registered change(s)		
Signa	Signature of a member or authorized representative of a member		Jill Cilmi, Authorized Representative  Printed or typed name of signee					
I herei provisi the obl to mere	by accept the appointment as registered agent and an ons of all statutes relative to the proper and completing igations of my position as registered agent as providely reflect a change in the registered office address, all newriting of this change.	gree to a le perfori led for in I hereby	ict ii man i Ch con	i this cap ice of my apter 60: firm that	pacity. I further ovree to co.	maly with the		
	re of Registered Agent							
Gr	ace E. Kirby, Asst. Vice President ` Division of Corporations • P.O	. Box 63	27=	Tallaha	issee, FL 32314			

FILING FEE: \$25.00

INHS18 (2/14)