Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE HILLARD HEINTZE, LLC

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JUN 2 0 2019

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Help

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	ime of the limited liability company: HILLARD HEINT	ZE, LI.	.C					
2. (a)							~ J	
~. ()	Principal office address of limited liability company: (Note: MUSTBE STREET ADDRESS)	• `	,		dailing address of finited liability company: (Note: MAY REPOST OFFICE BOX)			
	30 S WACKER DR, SUITE 1400 CHICAGO, IL 60606			30 S WAC	KER DR, SU	TTE.1400	. <u></u>	
		_	-	CHICAGO	D, IL 60606			
			-					
	3/23/2018		N	118000000	891	<u>:</u>	Ç.) Ch	
3,	Date of filing/registration in Florida	4.	_		Document i	number		·
5. (a)								
-, (Registered Agent and Registered Office shown on the records of the	e Floric	da L	Pept. of State	e.			
	INCORP SERVICES, INC.				_			
	Registered Office Address (MUST BE FLORIDA STREET 4)	<u>DDRES</u>	<u>:S)</u>					
	17888 67TH COURT NORTH				_			
	LONAHATCHEE , FL 13470							
	; ••				-			
(b)					_			
	Enter name of NEW Registered Agent and/or NEW Registered (Office a	d dı	<u>1553</u> 1				
	C T Corporation System							
	NEW Registered Office Address							
	1200 South Pine Island Road				_			
	Plantanon FL.	33324			_			
the cha agent was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the l	the reg bility to the limited	gist con mit Hit	ered offic- ipany, it i ed liabilit ibility con	e and the bu s hereby cor v company o	siness off firmed th	ice of the at the ch	e registered minge(\$)
Frank	dure of a member or authorized representative of a member	Pai	ul ()rzeske				
_					Printed or typ		_	to sal atom
I here provis the ob- to mer	hy accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h	re to a perfora I for in ereby a	ct i ma i Ci cur	n this cap nee of my hapter 60: firm that	acity. I furi duties, and i 5, F.S. Or, i the limited l	ner agree Lam Jamu Ethis doci Tability co	to compliar with unent is ompany)	iv with the and accept being filed has been
CTC	d m writing of this change. orporation System				Youna			
Signate	ire of Registered Agent	• 11						

Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314 FILING FEE: \$25.00

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