M18000003641

| (Requestor's Name) |
|--|
| Address |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| |
| ertified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer |
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Office Use Only



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2022 NOV 18 AM 8: 50

2022 Nov. 18 P. 1. 12

A. DUTTER NOV 2 1 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. | : I2000000195 |
|--|------------------------|
| REFERENCE | |
| AUTHORIZATION | : Symetholenan |
| COST LIMIT | |
| ORDER DATE: November 17, 2022 | |
| ORDER DATE: NOVEMBEL 17, 2022 | |
| ORDER TIME : 8:59 AM | |
| ORDER NO. : 143679-005 | |
| CUSTOMER NO: 8397890 | |
| | |
| CHANGE OF AGE | <u>ENT</u> |
| NAME: TENANTSIDE LLC | |
| PLEASE RETURN THE FOLLOWING AS I CERTIFIED COPY XX PLAIN STAMPED COPY | PROOF OF FILING: |
| CONTACT PERSON: Alexxis Weiland | d MINER'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: TENANTSIDE | E LLC | | | |
|-------------------------------------|---|---|--|---|--|
| | | | o) | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing addres | ess of limited liability company: AY BE POST OFFICE BOX) | |
| | 200 S WACKER DR 31ST FLOOR | | 200 S WACKER DR | 31ST FLOOR | |
| | CHICAGO, IL 60606 | | CHICAGO, IL 60606 | | |
| | 04/13/2018 | | M18000003641 | | |
| 3. | Date of filing/registration in Florida | 4. | Document r | number | |
| 5. (a) | | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records INCORP SERVICES INC | of the Florida | i Dept. of State: | | |
| | Registered Office Address (MUST BE FLORIDA STREE | ET ADDRESS | <u></u> | | |
| | 17888 67TH COURT N | | | | |
| | LOXAHATCHEE | FL_33470 | | 2022 NOV | |
| | | | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Register | | | $\overline{\infty}$ | |
| | inner name of NEW Registered Agent and/or NEW Register | red Office ad | <u>uress</u> : | | |
| | Corporation Service Company | | | <u> </u> | |
| | NEW Registered Office Address: | | | 56 | |
| | 1201 Hays Street | | | | |
| | | | | | |
| | Tallahassee | FL_32301 | | | |
| change agent v was/w | imited liability company is not organized under the e or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the case. | laws of the he registere liability co s of the lim | ed office and the busine impany, it is hereby con itted liability company o | ess office of the registered infirmed that the change(s) | |
| /s/ Terr | | Ter | ry Beal, Member | | |
| _ | iture of a member or authorized representative of a member | | | ped name of signee | |
| provisi the obt to mer | by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provicely reflect a change in the registered office address, d in writing of this change. | igree to act te perform ded for in C I hereby co | in this capacity. I furth suce of my duties, and I Thapter 605, F.S. Or, if onfirm that the limited l | her agree to comply with the lam familiar with and accep, f this document is being filed iability company has been | |
| Signatu | re of Registered Agent E. Kirby. Asst. Vice President on behalf of Corpora | ation Servic | ce Company | | |

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