

M18000004807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

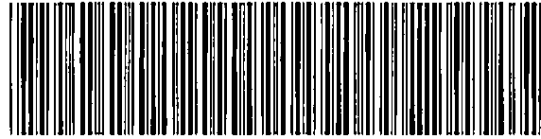
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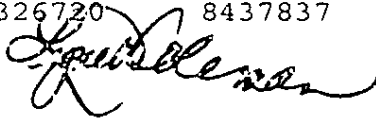
FILED
2024 MAR 12 PM 12:03
TALLAHASSEE, FLORIDA

RECEIVED
2024 MAR 12 PM 3:22
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 326720 8437837

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : February 20, 2024

ORDER TIME : 1:33 PM

ORDER NO. : 326720-102

CUSTOMER NO: 8437837

CHANGE OF AGENT

NAME: WEAVER CONSULTANTS GROUP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

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. Name of the limited liability company: WEAVER CONSULTANTS GROUP, LLC
2. (a) 35 EAST WACKER DRIVE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 1250
CHICAGO, IL 60601
- (b) 35 EAST WACKER DRIVE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SUITE 1250
CHICAGO, IL 60601
3. 05/18/2018
Date of filing/registration in Florida
4. M18000004807
Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
REGISTERED AGENT SOLUTIONS, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2894 REMINGTON GREEN LANE SUITE A

TALLAHASSEE, FL 32308

- (b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jill E. Cilmi
Signature of a member or authorized representative of a member

Jill Cilmi, Authorized Person

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.

Grace E. Kirby
Signature of Registered Agent
Grace E. Kirby, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00 CSC 326720-102