Florida Department of State Division of Corporations Plestropic Filing Corporations

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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	une of the limited liability company:	LLC				
2	(a)	1011 WARRENVILLE RD STE 500		(b) 1011 WARRENVILLE RD STE 500			
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(5)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		LISLE, IL 60532		LISLE,	IL 60532		
		02/05/2019		M190000	01294		
3.	(a)	Date of filing/registration in Florida CORPORATION SHRVICE COMPANY	4.		Document number		
3.	(a)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	Late:				
		Registered Office Address (MUSI BE FLORIDA STREET)					
		TALLAHASSEE , FL	3230	1-2525	2023 NOV 20		
	(b)	United Agent Group Inc.			V 20		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	address:			
		801 US Highway I					
		NEW Registered Office Address:			00		
		North Palm Beach , FL	3340	8	_		
ch ag	ange gent v as/w	imited liability company is not organized under the lay e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regis ability of the	tered office : · company, i limited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in		
_	<u> </u>	three fa member or authorized representative of a member	-	Marja Souza, 	Attorney-in-fact Printed or typed name of signes		
th to	here ovis e ob mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do in yriting of this change.	perfo d for s	rmance of m in Chapter 6 y confirm the	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been		
S	ignati	nt of Aegustered Agent		Marja Sou	za, Special Secretary		

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