## M19000001579

(Requestor's Name)							
(Address)							
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(Cir. (Ch. 4. (7) - (D) 40							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
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Account#: 120000000088

Date:	01/17/2023						
Name:	Merritt Walker	_					
Reference #	1884106	_					
	TRANSFORM	BA HOLDINGS LLC					
	es of Incorporation/Authorization						
☐ Amendment							
Reins	tatement						
Conve	ersion						
☐ Merge	er						
☐ Dissolution/Withdrawal							
Fictition	ous Name						
Other							
Authorized A	.mount: <b>\$25</b>						
Signature:	mw						

F: 800.944.6607

## 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	me of the limited liability company:	TRANSFOR	M FBA	HOLDIN	GS LLC			
7	(a)	5407 Trillium Boulevard Suite B	3120	(b) 5407 Trillium Boulevard Suite B120					
_,	··· <i>y</i>	Principal office address of limited lia (Note: MUST BE STREET A				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Hoffman Estates IL 60192		_	Hoffman	Estates IL 60	192		
,		February 13, 2019		_ -	N	119000001579			
3.		Date of filing/registration in	Florida	4.		Document numb	oer		
5.	(a)	CT Corporation System			• • •	_			
		Registered Agent and Registered Office show	in on the records of t	he Florida	Dept. of Stat	e:			
		1200 South Pine Island Road				_			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						207	
						_		<u> </u>	·ifi
		Plantation	FI	33324			ļ	Z	
	(b)	COGENCY GLOBAL INC.				_	WILL HAS SH	2023 JAN 17 AM 9: 36	15: 2000
		Enter name of <u>NEW Registered Agent</u> and/	эг <u>NEW Registered</u>	Office_add	ress:		' . 	ڢ	بهنتم
		115 North Calhoun St., Suite	1			_		36	
		NEW Registered Office Address:							
		Tallahassee	, FL	32301		-			
the age wa	cha ent v s/we	imited liability company is not organisinge or changes are made, the Florida will be identical. Or, in the case of a Fere authorized by an affirmative vote coles of organization or the operating a	street address of Florida limited fia of the members of	the regis bility co f the limi	tered office mpany, it i ted liabilit	e and the business s hereby confirm y company or as	s office ed that t	of the re he chang	gistered ge(s)
		ike Valentino		Luke	Valentin				
	_	ture of a member or authorized representative				Printed or typed na	_		
pro the to t not	visi obli mere tifica	hy accept the appointment as registere ons of all statutes relative to the prop igations of my position as registered a rly reflect a change in the registered of I'm writing of this change.	ed agent and agre er and complete p igent as provided office address, I h	ee to act performa I for in C ereby co	in this cap nee of my hapter 60; nfirm that	acity. I further a duties, and I am) 5, F.S. Or. if this the limited liabili	gree to d familiar docume ity comp	comply v with and ont is being pany has	vith the l accept ng filed been
/s	/ Tii	mothy Mayville							

Timothy Mayville, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00

Signature of Registered Agent