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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I200000000195

REFERENCE : 720879 8001413

AUTHORIZATION : THE SECOND SE

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Alexxis Weiland-sorenson

NAME: JON-DON, LLC

EXAMINER'S INITIALS:

STATE TENT 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.

i. Na	nme of the limited liability company: JON-DON, LLC					
2. (a)			o)			
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	, 	Mailing address of lin (Note: MAY BE P	nited liabilit	y company:
	400 MEDINAH ROAD		400 MED	DINAH ROAD		
	ROSELLE, IL 60172		ROSELLE, IL 60172			
	02/27/2019		M190000	02059		
3.	Date of filing/registration in Florida	4.		Document number	er	
5. (a)						
3. (11)	Registered Agent and Registered Office shown on the records of VCORP SERVICES, LLC	the Florid	a Dept. of Sta	te:		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRES.	5)			
	1200 S PINE ISLAND ROAD					
	PLANTATION . FI.	33324		_	7020 FR I	
					TR.	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			_		i De
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	ldress:			
	Corporation Service Company			_	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>.</u>
	NEW Registered Office Address:			_		<u>ت</u> ھ
	1201 Hays Street			_		
	Tallahassee	32301				
	FL, FL,	32301				
change agent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- tere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability co of the lin	ed office an impany, it i lited liabilit	nd the business offi s hereby confirmed ty company or as o	ice of the	registered change(s)
			thew Tharp	w Tharp, Authorized Person		
_	ure of a member or authorized representative of a member			Printed or typed nan	_	
provision (he obli (o mere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I I in writing of this change.	ee to act performe I for in C tereby co	in this cap ance of my hapter 602 onfirm that	acity. I further ag duties, and I am fo 5. F.S. Or, if this a the limited liabilit	ree to con miliar wi locument y compan	nply with the th and accept is being filed y has been
Signatui	re of Registered Agent	GRACE	E. KIRBY	, ASST. VICE PR	RESIDENT	r