M19000002469

	3				
(r	Requestor's Name)				
(<i>F</i>	Address)				
	Address)				
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL			
(8	Business Entity Name)			
(0	Document Number)				
: Copies	Certificates of	f Status			
al Instructions to Filing Officer:					

Office Use Only



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2023 JAN 17 AM 10: 23

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RECEIVED

SECRETARY OF STATE



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/17/2023	
	Merritt Walker	
Reference	#:1884106	<u> </u>
		RS HOME SERVICES LLC
☐ Artic	les of Incorporation/Authorization	n to Transact Business
☐ Ame	endment	
✓ Char	nge of Agent	
☐ Rein	statement	
Conv	version	
☐ Merg	ger	
☐ Diss	olution/Withdrawal	
☐ Fictit	tious N ame	
Othe	er	
Authorized	Amount: \$25	
Signature:	mw	

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. N	ame of the limited liability company:TRANSFO	RM SEAR	S HOME	SERVICES LL	.C		
2. (a)	5407 Trillium Boulevard Suite B120	(b)	(b) 5407 Trillium Boulevard Suite B120				
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mai	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Hoffman Estates IL 60192	<u> </u>	Hoffman Estates IL 60192				
	March 14, 2019	_		0000002469			
3.	Date of filing/registration in Florida	4.	D	ocument number			
5. (a)	CT Corporation System						
	Registered Agent and Registered Office shown on the records of	f the Florida D	ept. of State:				
	1200 South Pine Island Road						
	Registered Office Address	ADDRESS)			_;	202	
						2023 JAN	ه در در
	Plantation Fi	33324			 <u></u> .	AN I	# j
(b)	COGENCY GLOBAL INC.				CALL SANSON	AM 10:	r in i
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	<u>255</u> :			₽	-
	115 North Calhoun St., Suite 4					23	
	NEW Registered Office Address:						
	Tallahassee	_{I.} 32301					
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registe iability com of the limite	red office at pany, it is he ed liability c	nd the business o ereby confirmed ompany or as oth	ffice of that the	The reg	gistered e(s)
	uke Valentino	Luke \	/alentino				
	iture of a member or authorized representative of a member			rinted or typed name	-		
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agions 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 d in writing of this change.	gree to act in e performan ed for in Ch hereby con	i this capaci ce of my dui apter 605, F firm that the	ty. I further agrices, and I am fan i.S. Or, if this do I limited liability	ce to co niliar w cumen compa	omply w rith and t is bein ny has l	ith the accept g filed seen
/s/ Ti	imothy Mayville						
Signati	ire of Registered Agent						

Timothy Mayville, Assistant Secretary

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