M 19 000004099

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ri Copies Certificates of Status
al Instructions to Filing Officer

Office Use Only



300398468913

2023 JAN 17 AM 10:51

17 AM 10: 51

RECEIVED 2023 JAN 17 AM II: 48

CRETAKY OF STATE



115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

01/17/2023 Date: ____ **Merritt Walker** Name:____ 1884106 Reference #:____ TRANSFORM SR HOLDING MANAGEMENT LLC Entity Name: Articles of Incorporation/Authorization to Transact Business ☐ Amendment ✓ Change of Agent Reinstatement Conversion Merger ☐ Dissolution/Withdrawal Fictitious Name Other____ \$25 Authorized Amount:_____

F: 800.944.6607

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.

L. Na	me of the limited liability company:TRANSF	ORM SR I	HOLDING	MANAGEME	NT LLC	<u> </u>	
2. (a)	5407 Trillium Boulevard Suite B120		_(b) 5407 Trillium Boulevard Suite B120				
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			failing address of lin (Note: MAY BE P	nited liabi	lity compa	any:
	Hoffman Estates IL 60192		Hoffman	Estates IL 60	192		
	April 23, 2019		M	19000004099			
3.	Date of filing/registration in Florida	4.		Document numb	er		
5. (a)	CT Corporation System						
	Registered Agent and Registered Office shown on the records	s of the Florida	Dept. of State	:			
	1200 South Pine Island Road						
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS	<u> </u>				
	Plantation	FL_33324	ļ		W. Thunsel	لـ 2023 يا	المعتبع.
(b)	COGENCY GLOBAL INC.				一. ?:	AHI	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :)> 10		
	115 North Calhoun St., Suite 4					7 科10:51	استند السبطا
	NEW Registered Office Address:					5	
	Tallahassee	FL_32301					
the cha agent v was/we the arti	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of a like Valentino	laws of the sof the regisd liability cors of the limited l	State of Flo stered office ompany, it is itted liability	and the business hereby confirme company or as opany.	office o	of the rej ne chang	gistered gc(s)
	ture of a member or authorized representative of a member			Printed or typed nar	ne of sign	ee	
provisi the obl to mere notified	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address I in writing of this change. mothy Mayville	agrec to act etc perform ided for in C . I hereby co	in this capa ance of my a hapter 605, onfirm that t	wity. I further as luties, and I am f , F.S. Or, if this he limited liabili	gree to c amiliar documer ty compo	omply with and with and it is bein any has	vith the l accept ng filed been

Timothy Mayville, Assistant Secretary

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

Signature of Registered Agent