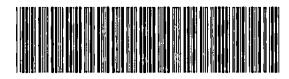
M19000004814

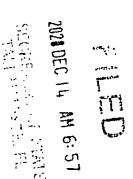
(Requ	uestor's Name)					
(Address)						
(Address)						
(City/:	State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Busi	ness Entity Na	me)				
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



500356203305

12/14/20--01035--018 **25.00



O SIMMONS

JAN 26 2021



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: December 10, 2020

Order#: 544198-102

Re: SPARTA CAPITAL MANAGEMENT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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: SPARTA CA	PITAL M	AN.	AGEMEN	T, LLC
2. (ลา	1476 North Green Mount Road		(b)	P.O. Bo	x 961
(ω,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(=)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		O'Fallon, IL 62269			O'Fallon,	IL 62269
		05/10/2019		i	M1900000	04814
3.		Date of filing/registration in Florida	4.	_		Document number
5.	(a)	C T Corporation System				
J.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 South Pine Island Road				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2028 DEC	
		Plantation,	FL333	24		- C
((b)	Enter name of NEW Registered Agent and/or NEW Registe	red Office	add	ress:	
		Corporation Service Company				FIG. 51
		NEW Registered Office Address:				_
		1201 Hays Street	···· -			_
		Tallahassee	FL_3230	1		_
char ager was	nge nt v /we	mited liability company is not organized under the or changes are made, the Florida street address of twill 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 the companication of the operating agreement of the companication or the operating agreement of the companication of the c	the regist liability is of the l	ere cor imi	d office ar npany, it i ted liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
/s/ Jiii Ciiiii				ilmi, Auth	orized Person	
	_	ture of a member or authorized representative of a member				Printed or typed name of signee
pro the to n	visi obl iere	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple igations of my position as registered agent as proview reflect a change in the registered office address.	igree to d te perfor ded for it I hereby	nct i ma n Ci coi	in this cap nce of my hapter 60. nfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
non	9.56	fin writing of this change.	Corpor	atio	n Servic	e Company
Sign	gnature of Registered Agent Ami M. Casper, Asst. Vice President					sst. Vice President