M19000007488

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

Office Use Only



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RECEIVED



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				
Name:	Merritt Wa	lker			
	1884				
Entity Name	tity Name: TRANSFORM SHIP PROPERTIES LLC				
	es of Incorporation	/Authorization to Tr	ansact Business		
	ge of Agent				
Reins	statement				
Conversion					
☐ Merger					
☐ Dissolution/Withdrawal					
Fictiti	ous Name				
Other	· · · · · · · · · · · · · · · · · · ·				
Authorized A	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.

I. No	nme of the limited liability company: TRANSFOI	RM SHIP	PROPERTIES LLC
2. (a)	5407 Trillium Boulevard Suite B120	(b)	5407 Trillium Boulevard Suite B120
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Hoffman Estates IL 60192		Hoffman Estates IL 60192
	August 2, 2019		M1900007488
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT Corporation System		
	Registered Agent and Registered Office shown on the records of	Tthe Florida	Dept, of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET	`ADDRESS)	
		-	
	Plantation	33324	至
	COGENCY GLOBAL INC.		203 JAN 17 AN 11: 16
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	
	Times thank of the William Registered Agent and/or State Registered	s vince aug	6
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahaaaa	22204	
	Tallahassee, FI	1. <u>32301</u>	
the cha agent v was/w	imited 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	of the regist iability cor of the limi e limited li	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
	uke Valentino	Luke	Valentino
I here provisi the obi to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag ions 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.	rve to act i e performa ed for in C. hereby co.	Printed or typed name of signee in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
/s/ Tin	nothy Mayville		
Signatu	re of Registered Agent		

Timothy Mayville, Assistant Secretary

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