M19000007548

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

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

Account#: 120000000088

Date:	01/17/2023							
Name:	Merritt Walker							
Reference #	1884106							
Entity Name	TRANSFORI	M MONARK PROPERTIES LLC						
	es of Incorporation/Authordment	orization to Transact Business						
✓ Change of Agent								
Reinstatement								
☐ Conve	Conversion							
☐ Merge	Merger Merger							
☐ Dissolution/Withdrawal								
☐ Fictitious Name								
Other		<u> </u>						
Authorized A	mount: \$2 5	; 						
Signature: _	m	<i>y</i>						

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: _	TRANSFOR	и мо	NARK PR	OPERTIES LLC	
2. (a)	5407 Trillium Boulevard Suite B120		(b) 5407 Trillium Boulevard Suite B120			
(4)	Principal office address of limited liability company: *Note: MUST BE STREET ADDRESS		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			liability company:
	Hoffman Estates IL 60192			Hoffman	Estates IL 60192	
	August 2, 2019		_	M	19000007548	
3.	Date of filing/registration in I	Florida	4.		Document number	
5. (a)	CT Corporation System					24
	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)					17 PH
	Plantation	FL_	33324			2023 JAH 17 PH 12 41
(b)	COGENCY GLOBAL INC.					•
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	115 North Calhoun St., Suite 4					
	NEW Registered Office Address:					
	Tallahassee		32301			
	i alialiassee	FL <u>.`</u>	32301			
the cha agent was/w	limited liability company is not organize ange or changes are made, the Florida s will be identical. Or, in the case of a Fl ere authorized by an affirmative vote of icles of organization or the operating ag	treet address of t orida limited liab f the members of	he regi pility co the lin	stered office ompany, it is ined liability	and the business off hereby confirmed the company or as othe	ice of the registered out the change(s)
/s/ Lu	uke Valentino		Luke	Valentino)	
Signa	ture of a member or authorized representative of	f a member			Printed or typed name of	Signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Timothy Mayville

Signature of Registered Agent