Division of Sorporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

. (((H23000278580 3)))



H2300027858034BC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	: COMPUTERSHARE
Account Number	: 110432003053
Phone	: (561)694-8107
Fax Number	: (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

ATE ATE RIDAS	LLC REGISTERED AC EDISON JAFL	001 LLC
4 10: STA DRAT	Certificate of Status	0
AH T OF ORPOI	Certified Copy	0
- HOS	Page Count	02
2023 AUG DEFACTO DVISION C	Estimated Charge	\$25.00

T. LEMIEUX

٩.

<u>د</u>ے

: ال يز را

6.5

(

Electronic Filing Menu Corporate Filing Menu

長日 14 2023

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.

(a)			(b)	Wacker Dr	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Ste 1220		Ste 122	(Note: MAY BE	imited liability company POST OFFICE BOX
	CHICAGO. IL 60606		CHICA	GO, IL 60606	
	12/06/2019		M190000	011646	
(a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document numb	ber
(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 SOUTH PINE ISLAND ROAD			tato:	
	Registered Office Address (MUST BE FLORIDA STREE)	T <u>ADDRES</u>	<u></u>		
	Registered Office Address (MUST BE FLORIDA STREE)	<i>ADDRES</i>	<u></u>		
(b)	Registered Office Address (MUST BE FLORIDA STREE)		<u>ssı</u>		د دا د
	Registered Office Address <u>(MUST BE FLORIDA STREE)</u> PLANTATION, F	L_33324			2632 A.
(b)	Registered Office Address (MUST BE FLORIDA STREE) PLANTATION, F United Agent Group Inc.	L_33324			2633 V, '
	Registered Office Address (MUST BE FLORIDA STREE) PLANTATION , F United Agent Group Inc.	L 33324	ddress:		26ad Vi ' 56455:3

John Paraz Signature of a member or authorized representative of a member

Printed or typed name of signee

John Perez, Attorney-in-Fact

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 505, F.S. Or. if this document is being filed to merely reflect a change in the registered office address. J hereby confirm that the limited liability company has been notified in writing of this change.

John Perez	John Perez, Special	Secretary
Signature of Registered Agent		. ,

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