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| (Re                     | questor's Name)   |             |  |  |  |  |
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| (6.3                    | (4)               |             |  |  |  |  |
| (Ad                     | idress)           |             |  |  |  |  |
| (Ad                     | ldress)           |             |  |  |  |  |
|                         | ŕ                 |             |  |  |  |  |
| (Cit                    | ty/State/Zip/Phon | e #)        |  |  |  |  |
| PICK-UP                 | ☐ WAIT            | MAIL.       |  |  |  |  |
| (Business Entity Name)  |                   |             |  |  |  |  |
| (Do                     | cument Number)    | )           |  |  |  |  |
| Certified Copies        | _ Certificate:    | s of Status |  |  |  |  |
| Special Instructions to | Filing Officer:   |             |  |  |  |  |
|                         |                   |             |  |  |  |  |
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2021 HAR 29 AH II: 16



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel Pietropolo rachael.pietropolo@cscglobal.com

Date: March 25, 2021

Order#: 726369-009

Re: LOGICOLL, LLC

Enclosed please find:

XX \_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Rachel Pietropolo

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.

| ١.                     | Na                             | me of the limited liability company: LOGICOLL, LLC  | · · · · · ·                                 |  |  | <del></del>  |  |  |
|------------------------|--------------------------------|---|---|--|--|--|--|--|
| 2                      | (a)                            |   |   | (b)  |  |  |  |  |
|                        | ()                             | Principal office address of limited liability company:<br>(Note: MUST BE STREET ADDRESS)  |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |  |  |  |  |
|                        |                                | 810 SPRINGER DR   |   | 810 SP   | RINGER DR  |  |  |  |
|                        |                                | LOMBARD, IL 60148   | _   | LOMBA  | ARD, IL 60148  |  |  |  |
|                        |                                | 12/09/2019  |   | M20000   | 000302   |  |  |  |
| 3.                     |                                | Date of filing/registration in Florida  | -<br>4.                                     |  | Document nun   | nber   |  |  |
| 5.                     | (a)                            |   |   |  |  |  |  |  |
| _                      | \- <i>\</i>                    | Registered Agent and Registered Office shown on the records of  | the Flori                                   | da Dept, of S  | state:   |  |  |  |
|                        |                                | URS AGENTS, LLC   |   |  |  | 75° <b>28</b>  |  |  |
|                        |                                | Registered Office Address (MUST BE FLORIDA STREET)  | ADDRE.                                      | <u>3.5)</u>  |  | 2021 HAR<br>Scully<br>Tallaha  |  |  |
|                        |                                | 3458 LAKESHORE DR   | <b>.</b>                                    |  |  | AR<br>HA   | € ,<br>•••   |  |
|                        |                                | TALLAHASSEE FL  | 32312                                       |  | <del></del>  | 1 HAR 29 A   | 1<br>1   |  |
|                        |                                |   |   |  |  | AH II: 16<br>OF STATE<br>S. FLORID                                       |  |  |
|                        | (b)                            | Enter name of NEW Registered Agent and/or NEW Registered  | Office                                      | ddmoss   |  | MII: 16<br>F STATE<br>FLORIDA  | <b>***</b> *********************************       |  |
|                        |                                | inner name of NEW Registered Agent and/or NEW Registered  | Office a                                    | uaress.  |  | 6<br>DA  |  |  |
|                        |                                | Corporation Service Company   |   |  |  |  |  |  |
|                        |                                | NEW Registered Office Address:  |   |  | <u> </u>   |  |  |  |
|                        |                                | 1201 Hays Street  |   |  |  |  |  |  |
|                        |                                | Tallahassee   | 32301                                       |  |  |  |  |  |
|                        |                                | rallanassee FL  |   |  |  |  |  |  |
| chage<br>age           | ange<br>ent v<br>is/we         | mited liability company is not organized under the law<br>or changes are made, the Florida street address of the<br>vill be identical. Or, in the case of a Florida limited lia<br>re authorized by an affirmative vote of the members of<br>electron or the operating agreement of the | registe<br>bility of<br>f the li            | red office a<br>ompany, it<br>nited liabi                                    | and the business o<br>t is hereby confirm<br>lity company or a                       | office of the reg<br>ned that the ch                                     | distered<br>ange(s)                                |  |
|                        |                                | Xie & Conic   |   |  | horized Person   |  |  |  |
| -5                     | Signat                         | ye of a member or authorized representative of a member   |   |  | Printed or typed r   | name of signee   |  |  |
| pro<br>the<br>to<br>no | ovision obli<br>merci<br>merci | ey accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I have the proper of this change.                         | ee to ac<br>perforn<br>I for in<br>vereby c | et in this co<br>nance of m<br>Chapter 6<br>confirm the                      | apacity. I further y duties, and I am<br>05, F.S. Or, if thi<br>at the limited liahi | agree to compl<br>i familiar with<br>is document is t<br>ility company h | y with the<br>and accept<br>being filed<br>as been |  |
|                        | _                              | E. Kirby, Asst. Vice President of Corporation Service Company   |   |  | •  |  |  |  |
|                        |                                | Division of Corporations P.O. I   | 30x 632                                     | !7● Tallah   | iassee, FL 32314   |  |  |  |

FILING FEE: \$25.00