M20000000392

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
.! Copies	_ Certificate	s 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#: I20000000088

Date:	01/17/2023	<u> </u>	
	Merritt Wal	ker	
Reference #	18841	06	
			ATING STORES LLC
	es of Incorporation/	Authorization to 1	Fransact Business
Amen	dment		
	ge of Agent		
Reins	tatement		
☐ Conv	ersion		
☐ Merge	er		
☐ Disso	lution/Withdrawal		
☐ Fictitie	ous Name		
Other			
Authorized A	.mount:	\$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.

1. N	ame of the limited liability company:	ORM OPE	RATING	STORES LLO	<u> </u>			
2. (a)	(a) 5407 Trillium Boulevard Suite B120 (b) 5407 Trillium Bouleva						0	
_, ,,,	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 60	0192			
,	January 9, 2020	 	M	20000000392	•			
3.	Date of filing/registration in Florida	4.		Document num	iber			
5. (a)				_				
	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 STREE	ET ADDRESS)				~ >		
					ري. الم	2023		
	Plantation	FL_33324		<u>.</u>	TALL HASS	2023 JAN 17	Andrews P	
(b)	COGENCY GLOBAL INC.				425	17 AH	1	
	Enter name of NEW Registered Agent and/or NEW Register	red Office add	ress:		','	# 9:	E and	
	115 North Calhoun St., Suite 4					g: 25		
	NEW Registered Office Address:			-				
	Tallahassee	_{ITL} 32301						
the cha agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of t	laws of the of the regis I liability co is of the lim	tered office mpany, it is ted liability	e and the busine s hereby confirm y company or as	ss officenced that	e of the i the chai	registered age(s)	
/s/ Lu	uke Valentino	Luke	Valentine	o				
Signa	ature of a member or authorized representative of a member			Printed or typed n	ame of si	gnee		
поную	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change. imothy Mayville	agree to act etc perform ided for in C I hereby co	in this cape ince of my c hapter 605 infirm that i	acity. I further a duties, and I am l. F.S. Or, if thi the limited liabi	agree to Jamilia docun lity con	comply with a nent is be npany ha	with the nd accep ving filed is been	

Timothy Mayville, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

Signature of Registered Agent