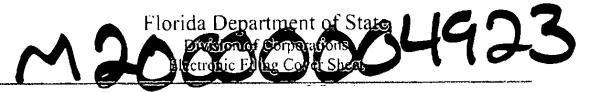
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Division of Corporations



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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)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	17W220 22ND STREET SUITE 220		17W220 2	220 22ND STREET SUITE 220 BROOK TERRACE, IL 60181	
	OAKBROOK TERRACE, IL 60181	_	OAKBRO		
	06/02/2020		M20000004923		
	Date of tiling/registration in Florida	4.		Document number	
(n')	·				
	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY	the Flori	ida Dept. of Stat	 c:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1201 HAYS STREET			-	
	TALLAHASSEE, FI	32301	·· ·	202	
	, I [*] l	- <u></u>		2 AF	
(b)	Enter name of NEW Registered Agent and/or NEW Registered		···	F1L 2022 APR 1 4 2003 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	Enter name of NEW Registered Agent and/or NEW Registered	<u>i Office :</u>	iddress:	e: ma	
	C T Corporation System				
	NEW Registered Office Address:				
	1200 South Pine Island Road			· · · · · · · ·	
	Plantation , FI	33324			
e cha gent v as/we	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the reg ability of the li	ne State of Flo gistered office company, it is mited liability	e and the business office of the registe s hereby confirmed that the change(s) y company or as otherwise provided it	
Signat	ture of a member or authorized representative of a member	_		Printed or typed name of signee	
heret ovisi e obl	by accept the appointment as registered agent and agi 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	ree to a perfori d for in	ct in this cape nunce of my i Chapter 605	acity. I further agree to comply with a duties, and I am familiar with and acc J.F.S. Or, if this document is being fi	

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