To: -18506176383 *



Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations Fax Number : (850)617-6383		2021 DEC		
From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 **Enter the email address for this business entity to be used for future					
an	nual report mailings. Enter only	one email address please	e, ++		
тномі	LLC REGISTERED AC		DUP, LLC		
тпомі	PSON FLANAGAN EXECUTI		DUP, LLC		
		IVE LIABILITY GRC			
	PSON FLANAGAN EXECUTI	IVE LIABILITY GRC	DUP, LLC DEC 09 2021		

Corporate Filing Menu

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Electronic Filing Menu

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Help

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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.

2. (a)			o)				
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		У	lailing address of limited liability company: (<u>Note: MAY BE POST (DFFICE BOX</u>)			
	626 W. JACKSON BEVD 5TH FL.		626 W, JAC	CKSON BLVD 5TH FL.			
	CHICAGO. IL 60661		CHICAGO	CHICAGO, IL 60661			
	05/29/2020		M200000050	061			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a	REGISTERED AGENT SOLUTIONS, INC.						
9. (u	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of State	:			
					20		
	Registered Office Address (<u>MUST BE FLORIDA STREET ADDRESS</u>)				21 (1SIC	
	155 OFFICE PLAZA DRIVE SUITE A		<u> </u>		DEC		
	TALLAHASSEE,	FL			- 8		
(b)	C T Corporation System				AM 10:	RPONA RPONA	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :						
					7	-	
	NEW Registered Office Address:						
	1200 South Pine Island Road						
	Plantation	33324					
	Plantation,	FL					
the ch 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	of the regi liability cost of the lir	istered office ompany, it is nited liability	and the business office hereby confirmed that company or as other	e of the re t the chan	egistered ge(s)	
Í			onica Moo				

Signature of a member or authorized representative of 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. By: CT Corporation System State Office Associated State Stat

Signature of Registered Agent

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