

Division of Corporations

Florida Department of State 5(1) iling (

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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.

i. Na	me of the limited liability company:		NEF	R NLP GAL	AXY LLC			
2. (a)	30 N LaSaile St.		(b)	30 N LaSal	le St.			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. , ,	М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Suite 4140			Suite 4140				
	Chicago, IL 60602		-	Chicago, IL 60602				
	07/15/2020		N	1200000061	56			
3.	Date of filing/registration in Florida	4.	_	Ĩ,	Document number			
5 (-)	CT CORPORATION SYSTEM							
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	1200 S PINE ISLAND RD							
	Registered Office Address (MUST BE FLORIDA STREE	E <u>T ADDRE</u>	<u>(SS)</u>					
	PLANTATION,	FL_33324						
(b)	United Agent Group Inc.				· · · · · · · · · · · · · · · · · · ·			
	Enter name of NEW Registered Agent and/or NEW Registe	red Office :	addr	<u>ess</u> :				
	COLUCE History				<u>1</u> - (
	801 US Highway 1							
	<u>NEW</u> Registered Office Addtess:				<u>ن</u>			
					U)			
	North Palm Beach	33408 FL						
change agent v was/we the arti	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of t	the registe 1 liability rs of the li the limited	ered com imit d lia	office and pany, it is ed liability bility comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.			
Signature of a member or authorized representative of a member			John Perez, Attorney-in-Fact Printed or typed name of signee					
I herei provisi the obl to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.			n this capac ice of my di apter 605, firm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed we limited liability company has been			
	John Paraz re of Registered Agent	Johr	ı P	erez, Sp	becial Secretary			
Signatu	re of Registered Agent							
	Division of Corporations• P.(FILENC	O. Box 63 3 FEE: \$2			iee, FL 32314			

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