

8/10/23, 4:23 PM

Division of Corporations

Florida Department of State 0157

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Division of Corporations : (850)617-6383 Fax Number

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t, jč LLC REGISTERED AGENT CHANGE WBA PORTFOLIO OWNER FUND IV GALLAXY LLC Certificate of Status Ð 0 Certified Copy 02 Page Count \$25.00 Estimated Charge 2023 AUG 1 1

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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)	125 South Wacker Drive	(b	125 South Wacker Drive
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	Suite 1220		Suite 1220
	Chicago, IL 60606		Chicago, IL 60606
	07/15/2020		M20000006157
	Date of filing/registration in Florida		Document number
(a)	CT CORPORATION SYSTEM		
(a)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State:
	1200 S PINE ISLAND RD		·
	1200 S PINE ISLAND RD Registered Office Address <u>(MUST BE FLORIDA STREE</u>)		
(b)	1200 S PINE ISLAND RD Registered Office Address <u>(MUST BE FLORIDA STREE</u>)	ADDRESS	22
(b)	1200 S PINE ISLAND RD Registered Office Address (MUST BE FLORIDA STREED PLANTATION , F		
(b)	1200 S PINE ISLAND RD Registered Office Address (MUST BE FLORIDA STREET PLANTATION , F United Agent Group Inc. (MUST BE FLORIDA STREET)		
(b)	1200 S PINE ISLAND RD Registered Office Address (MUST BE FLORIDA STREET PLANTATION , F United Agent Group Inc. Enter name of NEW Registered Agent and/or NEW Registered	L <u>ADDRESS</u> 	

Signature of a memory or authorized (epresentative of a member

John Perez, Attorney-in-Fact

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.

ohn Perez Signature of Registered Agent

John Perez, Special Secretary

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

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