

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000177467 3)))



H230001774673ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Address:	

PTOTIVE SHIPES

LLC REGISTERED AGENT CHANGE CADB CATALYST CONSTRUCTION GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

11 Brumbiey

023 HAY 12 PH 3: 45

H23000177467 3

COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	CADB CATALYST CONSTRUCT	TON GROUP,	LLC
ocoule.		me of Limited	Liability Company
Dear Sir or l	Madam:		
The enclose	d Registered Agent/Registered Of	fice Change ar	nd fee(s) are submitted for filing.
Please return	n all correspondence concerning th	nis matter to th	e following:
Vanessa Cas	tillo		
	Name of Person		· · · · · ·
Registered A	gent Solutions, Inc.		
	Firm/Company		
Corporate Co	enter One, 5301 Southwest Pkwy. Ste	400	
•	Address		
Austin, TX 7	78735		
	City/State and Zip Code	-	
E-mail	address: (to be used for future an	nual report not	ification)
For further i	nformation concerning this matter	, please call:	
Vanessa Cas	tillo	888 at (705-7274
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: pistration Section rision of Corporations Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the following	g amount:	
a s	25 Filing Fee	ū	\$55 Filing Fee & Certified Copy
INHS18 (2/14	4)		

H23000177467 3

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. Na	ame of the limited liability company: CADB CATALY	ST CO	NST ——	RUCTIO	N GROUP, LLC					
2. (a)	448 North LaSalle Drive			(b) 448 North LaSalle Drive						
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limit					
	Floor 2			Floor 2						
	Chicago, IL 60654	_	-	Chicago,	IL 60654					
	8/4/2020		М	12000000	6724					
3.	Date of filing/registration in Florida	4.			Document number	<u></u> г				
5. (a)	CORPORATION SERVICE COMPANY									
J. (u)	Registered Agent and Registered Office shown on the records of	the Flor	ida D	ept. of Sta	nte:					
	1201 HAYS STREET									
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRE	<u>(\$\$)</u>							
	TALLAHASSEE	32301	-252	5	_					
	, FL						2			
(b)	Registered Agent Solutions, Inc.						073			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	addr	ess:	_		2023 HAY			
	2894 Remington Green Ln.						2	군		
	NEW Registered Office Address:						PH	- 1		
	Stc. A						င္မာ			
	Tallahassce	32308					<u>ئ</u>			
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the register shility of the li limited	ne Si ered com imite I lial	office as pany, it ed liabili bility co	nd the business office is hereby confirmed ity company or as of mpany.	e of the that the control that the contr	e registe e chang	ered e(s)		
/s/	Rob Beesley ture of a member or authorized representative of a member			cesley	Man- Printed or typed name					
I here provisi the obi to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I if it is a change in the registered office address, I if it is a change in the registered of the registered of this change.	perfori	man	ce of my	pacity. I further agr duties, and I am lai	ree to c miliar y	omply w	accent		

Signature of Registered Agent