M2000010735

(F	Requestor's Name)	
	,	
(F	Address)	
_		
(<i>f</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(5	Business Entity Name)	
(5	Document Number)	
Dertified Copies	Certificates of 8	Status
Special Instructions to Fi	ling Officer:	<u> </u>

Office Use Only



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023 OCT 24 AM 10: 46



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 080021 5050197							
AUTHORIZATION: Symbolic Rose							
COST LIMIT : \$ 25.00							
ORDER DATE : October 19, 2023							
ORDER TIME : 10:16 AM							
ORDER NO. : 080021-206							
CUSTOMER NO: 5050197							
CHANGE OF AGENT							
NAME: PEAK6 GROUP LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland-sorenson							
EXAMINER'S INITIALS:							

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	me of the limited liability company: PEAK6 GF	ROUP LLC					
2. (a)	141 W. Jackson Boulevard, Suite 500		(b)				·
~. (u)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y:	(5)	Mailing address of l	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Chicago, IL 60604						
	11/23/2020		M2000	0010735			
3.	Date of filing/registration in Florida	4.		Document num	ber		
5. (a)	C T Corporation System						
	Registered Agent and Registered Office shown on the record Registered Office Address (MUST BE FLORIDA STR		•	State:	=1.	2	
	1200 South Pine Island Road					923	
	Plantation	_, FL333	24		AllAS	2023 OCT 24	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Agent and NEW Registered Agent Ag	stered Office	address:		ALLAHASSEE, FLORIDA	97 :01 HV	
	NEW Registered Office Address:						
	1201 Hays Street						
	Tallahassee	_, FL	l ————————————————————————————————————				
change agent w was/we	imited liability company is not organized under the or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memboles of organization or the operating agreement of /s/ Jill Cilmi	f the registed liability pers of the lift f the limited	ered office company, imited liab d liability	e and the business of it is hereby confirm pility company or as	ffice of the	he regi: he chai	stered ige(s)
Signat	rure of a member or authorized representative of a member			Printed or typed n	ame of sig	née	
I hereb provision the obli	by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as profix reflect a change in the registered office address in writing of this change.			capacity. I further a my duties, and I am 605, F.S. Or, if this hat the limited liabil	•		with the nd accept ing filed s been
\mathcal{C}	ein Let	- - ∪orporat	ion Serv	rice Company			
Signatur	e of Registered Agent	Ami M. C	asper, A	Asst. Vice Presid	ent		