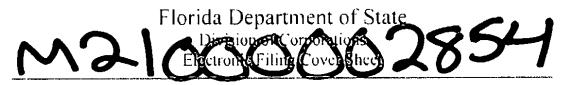
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Division of Corporations



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

| rwair A | Address: | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACCESS PROTECTION COMPANY (FL) LLC

| Certificate of Status | 0 |
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JUN 1 0 2022

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

| 1. Name of limited liability Company as it appears on | · | nent of | | |
|---|---|--|--|----------|
| State: ACCESS PROTECTION COMPANY (FL) LI | LC | | | |
| Enter new principal office address, if applicable: | | | | |
| (<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) —————————————————————————————————— | | | | |
| Enter new mailing address, if applicable: | | | | |
| (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>) | | |) | |
| | | | 2022 JUN 1 | -TT-3 |
| 2. The Florida document number of this limited liabili | M21000002854 | | 0 | |
| 2. The Florida document signifies of this statute habit | ty company is. | · | A | E.O |
| Jurisdiction of its organization: Detaware | | | 1 1 1 1 1 | |
| Date authorized to do business in Florida: 03/12/20 | 21 | _: | <u></u> | |
| SECTION II (5-9 complete only the applicable char | nges) | | | |
| 5. New name of the limited liability company:(must col | ntain "Limited Liability Company, | , " "L.L.C.," or "l | L.L.C. |) |
| (If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managimust contain "Limited Liability Company," "L.L.C." | ing members adopting the alternate | ss in Florida and a e name. The altern | ittach a | ı .me |
| 6. If amending the registered agent and/or registered or registered agent and/or the new registered office address. | fficer address on our records, <u>ente</u> ess here: | r the name of the | <u>new</u> | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | | | |
| New Registered Office Address: | Enter Florida Stree | it Adilmace | | |
| | | | | |
| | City | lorida <u>Zip Cod</u> | le | |
| New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent at the provisions of all statutes relative to the proper and advecept the obligations of my position as registered document is being filed to merely reflect a change in t | nd agree to act in this capacity. If I complete performance of my duti I agent as provided for in Chapter | es, and Lam famil · 605, F.S. Or, if th | liar wii his | th |
| liability company has been notified in writing of this c | hange. | a, engan mudi n | | |

| itle/ Capacity | <u>Name</u> | <u>Address</u> | Type of Action |
|----------------|---|---|-------------------------------------|
| EEO | Daniel Pidgeon | 3333 Beverly Rd. | DAdd |
| | | Hoffman Estates, IL 60179 | =Remo |
| EO | Greg Neubecker | 3333 Beverly Rd. | ≣ Add |
| | | Hoffman Estates, IL 60179 | □Remo |
| | | | DAdd |
| | | | □Remo |
| | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | | | □Remo |
| | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| aforementio | ned amendment(s), duly authent under the law of which this entit | e than 90 days old, evidencing the icated by the official having custody of records in the y is organized. hature of the authorized representative | □Remo |

Filing Fee: \$25.00