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(Requestor's Name)							
. (Negocolor a Harrie)							
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(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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2021 NOV -8 PH 4: 49

RECEIVED

TALY ABAGGGE, FLORIDA

RARUKINS

NOV 09 2021

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE :

209724

AUTHORIZATION

COST LIMIT

ORDER DATE: November 8, 2021

ORDER TIME : 12:08 PM

ORDER NO. : 209724-005

CUSTOMER NO: 8361746

## CHANGE OF AGENT

NAME: 3SGROUPDB, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

## **COVER LETTER**

_	sion of Corporations		
SUBJECT:	3SGROUPDB, LLC		
Sobsect.	Name	of Limited Lia	ability Company
Dear Sir or N	Madam:		
The enclosed	l Registered Agent/Registered Offic	e Change and f	cc(s) are submitted for filing.
Płease return	all correspondence concerning this	matter to the fo	ollowing:
	Name of Person		_
	Firm/Company		_
	Address		
	City/State and Zip Code		_
	address: (to be used for future annua	-	ation)
For further in	nformation concerning this matter, p	lease call:	
	Name of Person	_ at (	) Area Code & Daytime Telephone Number
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	osed is a check for the following a	mount:	
<b>□</b> \$2	25 Filing Fee	□ \$55	Filing Fee & Certified Copy

## 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	ame of the limited liability company: 3SGROUPDB, I	LLC				
2. (a)			(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of lin (Note: MAY BE P	•	
	3755 W Chase Ave		3755 W C	hase Ave		
	Skokie, IL 60076		Skokie, IL 60076			
	04/30/2021		M2100000	6031		
3.	Date of filing/registration in Florida	4.		Document number	er	
5. (a)	Yoel Tikotzky					
). (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept, of State	– e:		
	4851 N 37th Street					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>	_	~	
					921	
	Hollywood FL 33021			_	- 17. - 18.	
				_	C2 1	•
(b)						
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	<del>с</del>	-2
	Corporation Service Company				9	
	NEW Registered Office Address:			_		
	1201 Hays Street			_		
	Tallahassee, FI	32301		_		
change igent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of of the li limited	red office and company, it is mited liability Hiability com	d the business offi s hereby confirmed y company or as o	ce of the regist d that the chan	tered ge(s)
Signal	ture of a premoer or authorized apresentative of a member	<del>1</del> 0	el Tikotzky	Printed or typed nam	ne of signee	
I herei provisi the obl to mere potified	by accept the appointment as registered agent and agroups on sof all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I is writing of this change.	perfori d för in hereby (	nance of my a Chapter 605, confirm that t	acity. I further agi luties, and I am fa , F.S. Or, if this d the limited liability	ree to comply s miliar with an	d accept

Signature of Registered Agent