

Division of Corporations



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.

(((H23000278693 3)))



H230002786933A9C7

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 Account Number	-	COMPUTERSHARE
Phone		(561)694-8107
Fax Number		(561)214-8442

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

Email Address:



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.

Na	me of the limited liability company:	und V Ll	.C			
. (a) .	125 S WACKER DR	-	(b) 125 S WACKER DR			
. (4)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		}	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)		
	STE 1220		STE 1220			
	CHICAGO, IL 60606		CHICAGO	D, IL 60606		
	06/16/2021		M21000007			
	Date of filing/registration in Florida	4.		Document number		
(a)	C T CORPORATION SYSTEM					
(8)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	1200 SOUTH PINE ISLAND ROAD	-		_		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	PLANTATION	33324	_ _			
	, I	FL				
(b)	United Agent Group Inc.			- 		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		 ·			
	SOI US Highway I					
	NEW Registered Office Address:					
	North Paim Beach	33408		_		
angent v as/w ie art Signa	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member, icles of organization or the operating agreement of the Derney thure of a member or authorized representative of a member	he regist liability s of the l he limite 	company, it i imited liabilit liability cor ohn Perez. Atto	is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. printed or typed name of signee		
novis he ob o mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provide elv reflect a change in the registered office address, d in writing of this change.	ded för i I hereby	Chapter 60. confirm that	duties, and 1 am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been pecial Secretary		

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