## M21000012493

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<del></del>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
	·,
Special Instructions to	Filing Officer:

Office Use Only



600417871306

CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000195					
	REFERENCE	:	080021 5050197					
	AUTHORIZATION	:	Eguelleran					
	COST LIMIT	:	\$ 25.00					
ORDER DATE : C	October 19, 2023							
ORDER TIME : 1	10:16 AM							
ORDER NO. : C	080021-189							
CUSTOMER NO:	5050197							
CHANGE OF AGENT								
NAME ·	DEAKS FOTECH I	.t.c						
NAME: PEAK6 EDTECH 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 EDTEC	CH LLC	,	_				
2. (	(a)	141 W. Jackson Boulevard, Suite 500		(b)					
,	.~, .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailin	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Chicago, IL 60604	<u> </u>	-					
		09/22/2021		N	21000012493				
3.		Date of filing/registration in Florida	4.		Doc	ument numb	oer		
5.	(a)	C T Corporation System							
	(-/	Registered Agent and Registered Office shown on the records of	the Flor	ida E	ept. of State:				
		Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>(SS)</u>				_	
		1200 South Pine Island Road			TÀT.	2023			
		Plantation , FI	3332	24			TALLAHASSEE, FLURIDA	2023 OCT 2	<u> </u>
(	(b)						388	24	1
`	.0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office	addr	<del>CSS</del> :		m <u>c</u>	뫂	
		Corporation Service Company					LURID	AM 10: 43	
		NEW Registered Office Address:					P		
		1201 Hays Street			<del></del>				
		Tallahassee, FI	32301	1					
char ager was	nge nt w /we	mited liability company is not organized under the lar or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the li	ered com imite	office and the pany, it is here ed liability con	business of by confirment opany or as	fice of the	registe change	red e(s)
		/s/ Jill Cilmi	Ji —	II Cil	mi, Authorized				
	_	ure of a member or authorized representative of a member by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide ity reflect a change in the registered office address, I if in writing of this change.	ree to a perfori d for in hereby rporat	ict ir man i Chi conj		led or typed na I further as s, and I am f Or, if this mited liabili npany	_		ith the accept g filed een
Sign	atur	ly IV xey	•		er, Asst. Vid		ent		