Maa000011546

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S. CHATHAM

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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I	2000000195	
	REFERENCE	: C	4363870	
	AUTHORIZATION	:	Syrell & enan	/
	COST LIMIT	: \$	5 25.00	
ORDER DATE : 0	October 24, 2023			
ORDER TIME :	8:30 AM			
ORDER NO. :	087326-026			
CUSTOMER NO:	4363870			
		 -		
	CHANGE OF A	GENT		
NAME.	PROPER TITLE	TTC		
NAME:	PROPER TITLE	אתת		
PLEASE RETURN	THE FOLLOWING AS	PROC	F OF FILING:	
	IED COPY			
XX PLAIN				
CONTACT PERSON	: Alexxis Weila	nd-sc	renson	

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.

I. Na	me of the limited liability company: PROPER TITLE	LLC		
2. (a)	1530 E DUNDEE RD., STE 250	(b) 1530 E DUNDEE RD., STE 250		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	PALATINE, IL 60074	PALATIN	E, IL 60074	
3.	07/22/2022 Date of filing/registration in Florida	M2200001	1546 Document number	
5. (a)	ŭ ŭ			
. (u)	Registered Agent and Registered Office shown on the records of COGENCY GLOBAL INC. Registered Office Address (MUST BE FLORIDA STREET) 115 N CALHOUN ST STE 4		- :: -	
	TALLAHASSEE	32301	-	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	Office address:	77.723	
	NEW Registered Office Address:			
	1201 Hays Street		Fi110: 55	
	Tallahassee FL	32301	-	
change agent w was/we the arti	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 liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the Jami McKenna	registered office and ability company, it is if the limited liability limited liability com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
	ure of a member or authorized representative of a member		Printed or typed name of signee	
ine obli io mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	ee to act in this capa performance of my a l for in Chapter 605, ereby confirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
Τ,	Grace E. Kirby, Asst	Vice President		

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