M220000 12939

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

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WELL TEST

A. Lu.

DEC 2 1 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 245118 7532976

AUTHORIZATION : TOUR STANDARD STANDAR

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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. N	ame of the limited liability company: SIRIUS COM	PUTER SO	DLUTIONS,	LLC			
2 (a)		(I	b)				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	200 NORTH MILWAUKEE AVENUE		200 NOR	TH MILWAUKEE A	VENU	E	
	VERNON HILLS, IL 60061		VERNON	N HILLS, IL 60061			
	07/11/2022		M2200001	2939			
3.	Date of filing/registration in Florida	4.		Document number	Ť		
5. (a)							
(u)	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	of the Florid	a Dept. of State	e:		- 2	
	Registered Office Address (MUST BE FLORIDA STREE	_		ū22			
	1200 SOUTH PINE ISLAND ROAD			:	• • • • • • • • • • • • • • • • • • • •	2022 DEC	***
	PLANTATION	FL_33324		_	· <u>.</u>	20	
(h)					2.1	==::	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	ldress:	_	—: ·	PH 1: 22	•
	Corporation Service Company						
	NEW Registered Office Address:			_			
	1201 Hays Street			_			
	Tallahassee	FL_32301	,	_			
change agent v was/we	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 members icles of organization or the operating agreement of the	he registero liability co s of the lim	ed office and ompany, it is aited liability	d the business offic s hereby confirmed y company or as of	e of the	e regis e char	stered nge(s)
/s/Carlton J. Mertens Carlton			lton J. Merte	ens, Manager			
Signature of a member or authorized representative of a member			Printed or typed name of signee				
provisi the obl to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provia elv reflect a change in the registered office address, a d in writing of this change.	gree to act le perform led for in (I hereby ca	in this cape ance of my c Chapter 605 onfirm that t	acity. I further agre duties, and I am fan , F.S. Or, if this do the limited liability	ee to ce niliar v cumen compa	omply vith an it is be iny ha	with the od accept ing filed s been

Signature of Registered Agent
Grace E. Kirby. Asst. Vice President
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314