## M2300000 4235

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
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(Document Number)							
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO. :	I	20000000	195	
		REFERE	ENCE :	6	37610	8409523	
		AUTHORIZAT	CION :	ار	The state of	,	
		COST L	MIT :	\$	25,000	man	
ORDER I	DATE :	April 4, 202	:3				
		9:18 AM					
		637610-075					
		8409523					
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CHANGE OF AGENT							
	NIA MIT.	THE PODER	TCK OD	Otto	110		
NAME: THE RODERICK GROUP LLC							
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. 22.102		FIED COPY	CA DI	100.	. Or FID.	ING.	
XX	_	STAMPED COPY					
CONTACT	r perso	N: Alexxis W	eiland	so:	censon		

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	ame of the limited liability company:  The Roderick Greater Company of the Roderick Greater Co	oup l	LC	
2. (a)	1500 W. Carroll Ave, Suite 300, Chicago, IL 60607		(b) 1500	W. Carroll Ave, Suite 300, Chicago, IL 60607
(-,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	04/03/2023  Date of filing/registration in Florida	<b>-</b> 4.	M2300	0004235  Document number
5. (a)	, <u>, , , , , , , , , , , , , , , , , , </u>			
J. (u)	Registered Agent and Registered Office shown on the records of the REGISTERED AGENTS INC	he Flo	rida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREETA 7901 4TH ST. N, STE. 300	DDR.	ESS)	<del></del>
	ST. PETERSBURG	3370	2	<del></del>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> Corporation Service Company	Office	nddress:	MEDMAY S MANOO
	NEW Registered Office Address:		_	
	1201 Hays Street			
	Tallahassee, FL	3230	1	
change agent was/we he artic Signate I hereborovision he obli	mited liability company is not organized under the laws or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liab re authorized by an affirmative yote of the members of cless of organization or the operating agreement of the liab ure of a member or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete posts of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I he writing of this change.	egist oility the I imite	ered office company, imited lial d liability ASHOD R	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  2. JOHNSON  Printed or typed name of signec

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