P10901

Lest

	(Requestor's Name)
	(Address)
	(Address)
i 	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
n ² 1	
<u></u>	(Business Entity Name)
!	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer
·• ·	
	Office Use Only



700433204347

2024 JUL 29 PM :

TEAPTTA FALLAHASSEE, FLUIG

TROSIVED

AP

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

4 5€

ACCOUNT NO. : 12000000195					
REFERENCE : 558873 8455403					
AUTHORIZATION: Cyrelle man					
COST LIMIT : \$ 35.0					
ORDER DATE : July 22, 2024					
ORDER TIME : 2:30 PM					
ORDER NO. : 558873-012					
CUSTOMER NO: 8455403					
CHANGE OF AGENT					
NAME: INFORMATION RESOURCES, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Shauna Godbolt					
EXAMINER'S INITIALS:					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statu i organized under the laws of the State of DEL registered agent, or both, in the State of Flori	AWAR		
	he corporation: INFORMATION R	•			
2. The principal	office address: 203 N LaSalle St S	Suite 1500 Chicago, IL 60601			
3. The mailing a	ddress (if different):				
4. Date of incorp	ooration/qualification: 07/24/1986	Document number: P10901	_		
	I street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	ાહ		
	CT CORPORATION SYSTEM		2		
	1200 SOUTH PINE ISLAND RO	DAD :	2024 JFE 29		
	PLANTATION	FL 33324	2		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				1	
	Corporation Service Company		9: 09		
	1201 Hays Street				
P.O. Box. NOT acceptable					
	Tallahassee	FL 32301			
The street addre as changed will	ess of its registered office and the be identical.	street address of the business office of its reg	gistered	l agent.	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officeen notified in writing of the change.	cer so		
/S/ KATE LONG KATE LO		KATE LONG, ASSISTANT SECRET	ARY		
Signature of an officer or director		Printed or typed name and title	Printed or typed name and title		
I further agrée i of my duties, an document is bei corporation has	the appointment as registered as to comply with the provisions of a d I am familiar with and accept to glied merely to reflect a change been notified in writing of this can Service Company	yent and agree to act in this capacity, all statutes relative to the proper and complet the obligation of my position as registered ag ye in the registered office address. I hereby co hange.	e perfo ent. Oi infirm i	rmance r, if this thát the	
By: <u>Mac</u>	· Z-Kuble	07/26/2024			
Sign	nature of Registered Agent	Date			
If signing on be	half of an entity:				
	BY, ASST. VICE PRESIDENT	_			
Ty	sped or Printed Name				
	* * * FILE	NG FEE: \$35.00 * * *			

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (04/13) 558873