BCA 5.10/5.20 (Rev. Jule NFP-105.10/105.20 (Rev. 1986)

Submit in Duplicate

Remit payment in Check or Money Order, payable to "Secretary of State".

DO NOT SEND CASHI

State of Illinois

Secretary of State

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

561-553-2 This Space For Use By Secretary of State Date (1 - 13-70

\$5

Clork

Filing Fee

Pursuant to the provisions of "The Business Corporation Act of 1983", or "The General Not For Profit Corporation Act of 1986", the undersigned corporation hereby submits the following statement.

1,	The nam	e of the corporation	ris <u>Grove M</u>	dechanical Co	ontractors, I	ng
2.	The State	o or Country of inco	rporation isI	llinois	angan 1 Menunggan di 1 (	1985 1985 1985 1985 1985 1985 1985 1985
3 • ¥ ¶	Thomas and a state of the state	e and audress of its fice of the Shoretary	rogistered agent an y of State ( <i>Before C</i>	d its registered off <i>hange)</i> are:	ico as they appear	on the records
-1-		4/2			<del>nad di Talanga da 1916 di Talang da 1918 di Angria</del> sa V	Reid (5)
NPR	1	Registered Office	116 Beauble	n Court Stront	Suite No. [A P.O. Box eld	no is not acceptable)
Secre	tary, of St ation Department The name	Registered Agent . Registered Office . ato	Lake Zurich	241 Code	forms of the State name of the State of State of the State of the State of	Lake &
Cotbou	The nam Herein R	e and address of its eported):	registered aront a	nd its registered (	office shall be (Afte	er All Changes
		Registered Agent	Thomas First Nome	R . Middle Nam	pagang disangganani sa 11 gada haga 12 pada at angganapang au - 11 D	Palmer F
		Registered Office	1515 Woodfi	.eld Koad	Suite No. IA P.O. Box ald	ne is not acceptable)
			Schaumburg.	6.0%.7.3 Zip Çade	h,	Cook
5.		ess of the registered , will be identical.	office and the addr	ess of the busines	s of the ragis	tored agent, as
6.	The abov	e change was auth	orized by: /"X" one	box only)	0,50	
	a. 🗓 🗓	By resolution duly	adopted by the bo	ard of directors.	(Note 5)	
t	b. 🗆 '	By action of the re	gistered agent.		(Note 6)	<b>y</b>
•	The unde	by the board of direction of the board of th	has caused this sta	itement to be sign		orized officers,
Date	od b	larch 30	, 19 _90	Grove Mech	anical Contr	actors, Inc.
attos	stad by	Sylume Signature of Secretary or	Assistary Speciality	by	ature at President or Vice P	O nosidom)
	Ţ	rraine Schiff (Type or Pant Nam			ROID Profit Type of Print Name and ti	
(If ci		registered office by orsignad, under pon				e true.
Date	nd b		. 19	(Signato	re of Registered Agent of F	(ecord)

## UNOFFICIAL COPY BCA 5.10/5.20 (Rev. Jul. 1984)

BCA 5.10/5.20 (Rev. Jul. 1984) NFP-105.10/105.20 (Rev. 1986)

Submit in Duplicate

Remit payment in Check or Monay Order, payable to "Secretary of State".

DO NOT SEND CASH!

1,

JIM EDGAR Secretary of State State of Illinois

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE File #

This Space For Use By Secretary of State

\$5

Date

Filing Fee

Clerk

Pursuant to the provisions of "The Business Corporation Act of 1983",	or "The General Not For Profit Cor-
poration Act of 1986", the undersigned corporation hereby submits	the following statement.

The name of the corporation is \_\_\_\_Grove Mechanical Contractors, Inc

.,	, , , ,				DEFT-01 RECORDIN				
2.	The Sta	te or Country of inc	corporation is	Illinois	#9463 # <del>*</del> −5	<del>0 05/10/90 1</del> 5:17:0 <u>0—21:82</u> 09 Ecorres			
3.	The name and address of its registered agent and its registered office as they appear on the records of the office of the Serretary of State (Before Change) are:								
		Registered Agen	Frank Visi Name	R. Middle Nan	110	Reid Last Name			
		Registered Office	2 146 Beau	bien Court Sueer	Suite No. (A P.O. Box alone	is not acceptable)			
			Lake 201	ich, 60047 Zip Code	······································	Lake County			
4.		ne and address of i Reported):	ts registered age	en and its registered	office shall be (After	All Changes			
		Registered Agen	1 Thomas	Rs. Nuddin Non		Palmer Last Name			
		Registered Office	9 <u>1515</u> Woc	dfield Road	Suite 740 Suite No. (A P.O. Box slone	is not acceptable)			
			Schaumbu	rg, 601.73 Zip Code		Cook			
5.	The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.								
6.	The abo	ve change was au	thorized by: /"X"	one box only)	90278203	12			
	a. 🗵	By resolution du	ly adopted by the	e board of directors.	100.03	Ono FT			
	b. 🔲	By action of the	registered agent	•	•				
•	The und		on has caused thi	re. See Note 5) is statement to be sign , that the facts stated		ized officers,			
Dat	ed	March 30	. 19 _90	Grove Med	hanical Contra ((xact Name of Compandon)	ctors, Inc.			
atte	ested by_	Syname of Secretary	OI Assistant Secontary	by Jean	nature of President or Vice Pre-	Sident)			
	I,	orraine Schif		Frank R	Reid, Presid				
(11 0				<i>nt, sign here. See No</i> y, affirms that the fac		true.			
Dat	ed	Burnatus (kin - 1), gundatus kin di asa 1 8 Muun atmibustiit ku asin	, 19	(Siegnus	ne of Registered Agent of Res	oral			