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## LLC REGISTERED AGENT CHANGE BRIDGE AVE GII, LLC

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M. SOLOMON JUN 2 6 2023

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## 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. No	ame of the limited liability company: Bridge AVE GII	, LLC					_
2. (a)	9525 W BRYN MAWR AVE	(	(b) 9525 W B	RYN MAWR AVE			
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ·		Mailing address of limited (Note: MAYRE POST			-
	STE 700		STE 700				
	ROSEMONT, IL 60018		ROSEMO	NT, IL 60018			
	06/20/2018		L180001514	¥16			
3.	Date of filing/registration in Florida	4.		Document number			-
5. (a)	COGENCY GLOBAL INC.						
(b) .	Registered Agent and Registered Office shown on the records of the Florida Dept. of State.  115 North Calhoun Street			::	 ~* ()	20	
	Registered Office Address (MUST BE FLORIDA STREET) Suite 4	ADDRES	<u>SS)</u>	-	122 223 224		-
	Tallahassee	32301			<b>第</b>	:23	!
	C T Corporation System			-	RY OF STATE SEELFLORING	2023 JUN 23 PH I2: 5	r
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	223 275	: 59	
	NEW Registered Office Address:			-			
	1200 South Pine Island Road			_			
	Plantation, FI	33324		_			
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regiability of the li e limited	istered office company, it is mited liabilit	e and the business off s hereby confirmed th y company or as othe apany.	ice of the	registered inge(s)	d
Signa	ture of a member or authorized representative of a member			Printed or typed name of	signee		-
provis the ob- to mer notifie By:	thy accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.  C.T. Corporation System  TO OF Registered Agent SEANL EMERICK ASSISTANT SECRETARY	ree to a e perfori ed for in hereby	et in this cap mance of my Chapter 602 confirm that	acity. I further agree duties, and I am famu 5. F.S. Or, if this doct the limited liability co	to compl liar with c ument is t ompany h	y with the and accep peing filea as heen	er T