## Laa000099aa5

(Requestor's Name)							
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(Address)							
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PICK-UP	WAIT MAIL						
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(Document Number)							
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Special Instructions to Filing Officer:							
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	JUL 16 2024						

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DEAN OF STATE LANGER FLORING

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 529168

AUTHORIZATION :

COST LIMIT : \$ 25.0

ORDER DATE : July 1, 2024

ORDER TIME : 9:23 AM

ORDER NO. : 529168-074

CUSTOMER NO: 7560577

CHANGE OF AGENT

NAME: BAINBRIDGE PONTE VEDRA MEMBER,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

## 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	me of the limited liability company:	SE PONTE	VE	DRA MEM	IBER, LLC
2. (a	a)	12765 W. Forest Hill Blvd.		(b)	12765 W.	Forest Hill Blvd.
(-	-,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	:	(υ,		Mailing address of limited liability company:  (Nate: MAY BE POST OFFICE BOX)
		Suite 1307			Suite 130	7
		Wellington, FL 33414			Wellington	n, FL 33414
		03/10/2022		L	.22000099	225
3.		Date of filing/registration in Florida	4.	_	<del>-</del>	Document number
5. (	a)	BCRA,LLC				
	-,	Registered Agent and Registered Office shown on the record 1905 N.W. CORPORATE BLVD.	ds of the Floi	rida l	Dept. of State	· :
		Registered Office Address (MUST BE FLORIDA STRE	EET ADDRE	:SS)	<del></del>	
		LYNN FINANCIAL CENTER, STE 310				
		Boca Raton	3343	1	<del></del>	
			, FL		<del></del>	28. J
(b	)					<del>-</del>
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office	add	ress:	•
		Corporation Service Company				
		NEW Registered Office Address:				7: 04
		1201 Hays Street				ب 4
		Tallahassee	. FL32301	1		
chang agent was/v	ge W Vei	nited liability company is not organized under the or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited a suthorized by an affirmative vote of the membelles of organization or the operating agreement of	the registed liability of the li	cred com mit	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/s/ Chris Phillips			CI	Chris Phillips, Authorized Representative		
		re of a member or authorized representative of a member				Printed or typed name of signee
the ol to me	sio blig rel ed	v accept the appointment as registered agent and a ns of all statutes relative to the proper and complo- zations of my position as registered agent as provi y reflect a change in the registered office address, in writing of this change.	agree to a ete perfori ided for in , I hereby	ct ir nan Ch con,	this capac we of my di apter 605, firm that th	city. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been
Signal	24 ure	of Registered Agent				
		th A. Dawson, Asst. Vice President on behalf of Corpora	ation Service	e C	ompany	

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

INHS18 (2/14)