M18000001411

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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C2/15/24

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 323586 8331866

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: February 16, 2024

ORDER TIME : 7:43 AM

ORDER NO. : 323586-080

CUSTOMER NO: 8331866

FOREIGN FILINGS

NAME: BCORE DEFENDER FL1W01, LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	rs on the records of the Florida Department of		
State: BCORE Defender FL1W01, LLC			
Enter new principal office address, if applicable:	602 W. Office Center Drive, Suite 200		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Fort Washington, PA 19034		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited lia	ability company is: M18000001441		
3. Jurisdiction of its organization: DE	08/2018		
4. Date authorized to do business in Florida: 02/0	08/2018		
SECTION II (5-9 complete only the applicable of		၁	
5. New name of the limited liability company: (must	st contain "Limited Liability Company, " "L.L.C.," or "LL	. . C.``')	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mai must contain "Limited Liability Company," "L.L.C	d for the purpose of transacting business in Florida and attainaging members adopting the alternate name. The alternate C." or "LLC.")	ich a e name	
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new ddress here:	<u>w</u>	
Name of New Registered Agent:		_	
New Registered Office Address:	Enter Florida Street Address		
	. Florida Zip Code	_	
the provisions of all statutes relative to the proper and accept the obligations of my position as registe	egistered Agent: ont and agree to act in this capacity. I further agree to comp ont and complete performance of my duties, and I am familian tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the this change.	r with	

8. If the amendr	ment changes person, title or capacity	in accordance with 605.0902 (1)(e), indicate that	change:
Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
uthorized Signatory	Warren W. Vaughan, Jr.	602 W. Office Center Drive, Suite 200 Fort Washington, PA 19034	Add
			□Remo
			□Add
			□Remo
			SS
			.::
			□Remo
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
aforemention	certificate, if required: no more than led amendment(s), duly authenticated ander the law of which this entity is o	I by the official having custody of records in the	□Remo
	/s/ Alexa Rose		
	Signature	of the authorized representative	