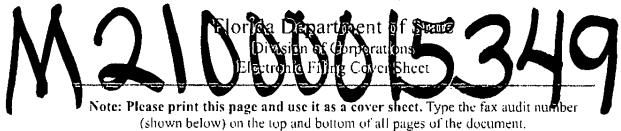
6/23/23, 4.11 PM

Division of Corporations



(((H23000224773 3)))



H230002247733ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			
CINALI	AUUL'ESS:			

DEPARTMENT OF STATES OF STATES OF TALL AND SSEE FLORIDA

## LLC REGISTERED AGENT CHANGE BRIDGE POINT DORAL 2700, LLC

Certificate of Status	0
Certified Copy	ı
Page Count	02
Estimated Charge	\$55.00

M. SOLOMON

JUN 2 6 2023

Electronic Filing Menu

Corporate Filing Menu

Help

## 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 Ampany submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. No	nme of the limited liability company: Bridge Point Dora	1 2700	0. LL	C _					
2. (a)	9525 W BRYN MAWR AVE			(b) 9525 W BRYN MAWR AVE					
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0).	Ŋ	Mailing address of limited (Note: MAYBE POST		•		
	STE 700			STE 700					
	ROSEMONT, IL 60018	_	-	ROSEMON	NT. IL 60018				
	11/16/2021		M	121000015	349				
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	- <b>2</b> :							
	115 North Calhoun Street		5	2					
	Registered Office Address	=	- in S:	2029 JUN 23					
	Suite 4			Ž					
	Tallahassee, FL_	3230	l		•	IASSE!	23		
	C T Corporation System					OF STATE	PM 12:		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				-	양조	2: 5		
				<del></del>		in in	9		
	Name to 10% at 1								
	NEW Registered Office Address:								
	1200 South Pine Island Road				-				
	Plantation	33324	4						
10.1 1				6.51		G 1.3 C			
the cha	imited liability company is not organized under the lawinge or changes are made, the Florida street address of	the re	egiste	red office	and the business of	fice of the regi	stered		
agent v	vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o	ibility f the	com	pany, it is ed liability	s hereby confirmed the	hat the change	s) d in		
	cles of organization or the operating agreement of the					inise provide	u		
	gue The T	J	OE D	AVIS, MA					
	ture of a member or authorized representative of a member				Printed or typed name o	-			
поще	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change.  CT Corporation System	ee to perfo d for i ierchy	act it rman in Ch v con	n this cape ice of my c apter 605 firm that t	acity. I fiwther agree duties, and I am fam 5, F.S. Or, if this doc the limited liability c	z to comply with and cument is being company has be	h the accept filed een		
By:	to of Registered Agent SEANL EMERICK ASSISTANT SECRETARY								