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LLC REGISTERED AGENT CHANGE BDP DEVELOPMENT SERVICES FLORIDA, LLC

Certificate of Status	0
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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.

2. (a)	9525 W BRYN MAWR AVE		(b) 9525 W BRYN MAWR AVE				
(,	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)	_	(-/	Mailing adda	ress of limited li AY BE POST C		-
	STE 700	_		STE 700			
	ROSEMONT, IL 60018	_		ROSEMONT, IL 600	18		
	07/15/2013		L	.13000100142			
5. (a)	Date of filing/registration in Florida COGENCY GLOBAL INC.	4.		Documen	t number		
. (4)	Registered Agent and Registered Office shown on the records of the 115 North Calhoun Street	ne Flo	rida I	Dept. of State:			
	Registered Office Address	DDRI	<u>(SS)</u>			Fig.	2023 JUN 23
	Tallahussec .FL	32301				が出て	₩ E
(b)	C.T. Corporation System					SSEC.	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office	nddi	<u>'C52</u> :		STATE FLORIDE	PM 12: 59
	NEW Registered Office Address:						
	1200 South Pine Island Road						
	Plantation, FL_	33324					
he cha: igent w vas/we he arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of titll be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	he repility the imite	gist con imit d lia	ered office and the bapany, it is hereby conditionally company ability company.  DAVIS, MANAGER	ousiness offic onfirmed tha y or as other	ce of the regit the change wise provide	stered (s)
	ure of a member or authorized representative of a member				typed name of:	•	
rovisi he obli o mere	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. The Fin writing of this change.  CT Corporation System	e to perfo for i greby	uct i rma n C. r cor	n this capacity. I fu nce of my duties, an hapter 605, F.S. Or, Ifirm that the limited	rther uyree ( d I am famili , if this docu I liability coi	to comply wi far with and ment is being mpany has b	th the accept g filed een

Signature of Registered Agent SEAN LEMERICK ASSISTANT SECRETARY