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RAROCHS

SEP 1 7 2021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 995845 7855256

AUTHORIZATION

COST LIMIT

ORDER DATE: September 13, 2021

ORDER TIME : 3:22 PM

ORDER NO. : 995845-019

CUSTOMER NO: 7855256

CHANGE OF AGENT

NAME:

BRIDGESPIRE FINANCIAL

SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cl	range is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508. Florida S ration organized under the laws of the State of _ ice or registered agent, or both, in the State of Fi	NV	this	_
1. The name o	f the corporation: BRIDGESPII	RE FINANCIAL SERVICES INC.			
		arleston Blvd, Las Vegas, NV 89135			
				 .	
			<u>_</u>		
		Document number: F140000			
5. The name at Florida Dep	nd street address of the current artment of State: (If resigned, e	registered agent and registered office on file wit enter resigned)	h the		
	NRAI SERVICES, INC				
	1200 SOUTH PINE ISLAN	D ROAD		2021 SEP 16	
	PLANTATION, FL 33324			SEP	
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):		ce '	16 PH		
	Corporation Service Compa	any		2:	
	1201 Hays Street			_	
		P.O. Box NOT acceptable			
	Tallahassee	FL 32301			
		d the street address of the business office of its			nt,
authorized by t	the board, or the corporation h	uly adopted by its board of directors or by an onas been notified in writing of the change.	incer s	0	
	Sin & aloni	Jill Cilmi, Vice President			
I hereby accept further agree of my duties, a document is be corporation ha	t the appointment as registere to comply with the provisions nd I am familiar with and acc ing filed merely to reflect a cl s been notified in writing of the Service Company	Printed or typed name and title and agree to act in this capacity. It is of all statutes relative to the proper and compete the obligation of my position as registered hange in the registered office address, I hereby his change.		rforman Or, if t in that t	ice his he
By: Υω.	gnature of Registered Agent	09/13/2021			
	chalf of an entity:	Date			_
Grace E. Kirbv.	Asst. Vice President				
	yped or Printed Name				

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* * * FILING FEE: \$35.00 * * *