F1900000 5136

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2024 HAR II PM 3: 33

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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 359207 8330115

AUTHORIZATION : Carelle

COST LIMIT : \\$ 3\frac{3}{5}.00

ORDER DATE: March 11, 2024

ORDER TIME : 10:58 AM

ORDER NO. : 359207-025

CUSTOMER NO: 8330115

THE CONTRACTOR OF THE CONTRACT

CHANGE OF AGENT

NAME: BRMK MANAGEMENT, CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, t tion organized under the laws of the State of Delawate e or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: BRMK Manage	ement, Corp.	
		f the Americas, 50th Floor, New York, NY 10020	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: Novemb	per 13, 2019 Document number: F19000005136	
	d street address of the current re rtment of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)	
	C T Corporation System	35	
	1200 South Pine Island Rd	TALL	HAR I A
	Plantaion	FL 33324	
6. The name and (if changed):	d street address of the new regis		TOURNA IN MID: 49
	1201 Hays Street		
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
as changed will	be identical.	the street address of the business office of its register	
Such change wa authorized by the	as authorized by resolution du he board, or the corporation ha	ly adopted by its board of directors or by an officer so is been notified in writing of the change.)
Cho	ch_	Andrew Ahlborn Vice P	resident
I hereby accept I further agree of my duties, an document is be corporation has	the appointment as registered to comply with the provisions to comply with the provisions and I am familiar with and accepting filed merely to reflect a chies been notified in writing of thing Service Company	Printed or typed name and title I agent and agree to act in this capacity. of all statutes relative to the proper and complete per pt the obligation of my position as registered agent, sunge in the registered office address, I hereby confirm is change.	formance Or, if this 1 that the
· 4 ·		3-8-2024	
	enature of Registered Agent	Date	
т	yped or Printed Name * * * FI	 LING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)