(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u> </u>
PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	
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## CT CORP

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

03/14/2022

Date:

	Acc#I20160000072
Name:	BC&L, INC.
Document #:	
Order #:	14160335
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:	Country of Destination:  Number of Certs:
Availability	Certified:  Plain:  COGS:  Amount: \$ 35.00
Examiner Updater Verifier W.P. Verifier Ref#	Thank you!

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

\* • 1 . . . .

Ву:

statement of che	inge is submitted for a corporatio	on organized under the laws of the State of TX	
		or registered agent, or both, in the State of Floria NAL PENSIONS INC	Ю.
1. The name of	office address: 9401 AMBERGLI	NAL PENSIONS INC EN BLVD STE 100 Austin, TX 78729	<del></del>
3. The mailing a	address (if different): 7901 4th St	N STE 300 St. Petersburg, FL 33702	
4. Date of incor	poration/qualification: 12/30/201	9 Document number: F2000000002	7
5. The name and		istered agent and registered office on file with th	e
	REGISTERED AGENTS INC.		211
	7901 4TH STN STE 300		
	ST. PETERSBURG, FL 33702		
6. The name an (if changed):		ered agent (if changed) and /or registered office	2022 HAR 14 MI T: 51
	C T Corporation System		
	1200 South Pine Island Road		
		P.O. Box NOT acceptable	
	Plantation, Florida 33324		
The street addr	ress of its registered office and the identical.	ne street address of the business office of its reg	gistered agent,
		adopted by its board of directors or by an officeen notified in writing of the change.	
A -10	Name -	Daniel Grinnan, Vice President and Sec	retary
	tire of an officer or director	Printed or typed name and title	
I hereby accep I further agree of my duties, a document is be corporation ha C T Corporatio	is occurring tea in mining by initia	agent and agree to act in this capacity. I all statutes relative to the proper and complet I the obligation of my position as registered ag nge in the registered office address, I hereby co change.	e performanc ent. Or, if thi onfirm that the
/s/Laura R. F	-	02/10/2022	
Si	gnature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
Laura R. Brode	rick, Assistant Secretary		
· · · · · · · · · · · · · · · · · · ·	Typed or Printed Name	<del></del>	

\* \* \* FILING 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)