Faa 00000 3139

(Requestor's Name)			
(Address)			
(Address)			
((City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
	J. HORNE NOV - 7 2024		

Office Use Only



100439215671

FILED
2024 NOV -6 PM 12: 55

2024 NOV -6 PH 3: 22

CSC - Tallahassee CSC 1201 Hays Street

Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 11/06/24 Order #: 1672390-3

Re: BCP SECURITIES, INC. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Male and Check in the amount of: \$35.0- FL State Account Number: 120000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

statement of cha	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of DELAWARE egistered agent, or both, in the State of Florida.
1. The name of	the corporation: BCP SECURITIES,	INC
	l office address: 1221 BRICKELL AV	
3. The mailing a	address (if different): 289 GREENW	ICH AVE, 4TH FL GREENWICH, CT 06830
4. Date of incor	poration/qualification: 05/02/2022	Document number: F22000003139
6 03	The second secon	and the second control of the second of the
	LUQUE, JUAN	
	1221 BRICKELL AVE STE 1100	
	MIAMI	FL 33131
6. The name and (if changed):	d street address of the new registered	FL 33131 I agent (if changed) and /or registered office.
	Corporation Service Company	
	1201 Hays Street	S. C.
	- P	O. Box NOT acceptable
	Tallahassee	FL 32301
The street addr	ress of its registered office and the s	treet address of the business office of its registered agent,
Such change wauthorized by t	as authorized by resolution duly ad he board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.
/s/ Edwin Garica		Edwin Garica, Authorized Person
Signati	are of an officer or director	Printed or typed name and title
I further agree of my duties, an document is be corporation ha	t the appointment as registered age to comply with the provisions of al nd I am familiar with and accept the ing filed merely to reflect a change as been notified in writing of this ch on Service Company	l statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the
·	ce E. Kirby	11/05/2024
	gnature of Registered Agent	Date
If signing on bo	chalf of an entity:	
	Asst Vice President	
Ί	Typed or Printed Name	
	* * * FILIN	G 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)
COA-12335