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(Address)					
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PICK-UP WAIT MAIL					
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

CONTACT PERSON: Amanda Miller -- EXT#

Phone: 850-558-1500

	ACCOUNT NO.	: I2000	0000195				
	REFERENCE	: 52916	8 7560577				
	AUTHORIZATION	SOX	7				
	COST LIMIT	: ()\$ 25.	ol rear_				
ORDER DATE :	July 1, 2024						
ORDER TIME :	10:54 AM						
ORDER NO. :	529168-054						
CUSTOMER NO:	7560577						
CHANGE OF AGENT							
NAME :	BAINBRIDGE MA	NAGER, LLO	2				
PLEASE RETUR	RN THE FOLLOWING AS	PROOF OF	FILING:				
	CIFIED COPY IN STAMPED COPY						

EXAMINER:

## 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.

1. N	ame of the limited liability company:  BAINBRIDGE M	MANAGE	R, ŁLC		
2. (a)	(a) 12765 W. Forest Hill Blvd.  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Suite 1307		(b) 12765 W. Forest Hill Blvd.  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
2. (4)					
			Suite 1307		
	Wellington, FL 33414	W		llington, FL 33414	
	08/25/2005		L05000084	446	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	BCRA,LLC				
5. (u)	Registered Agent and Registered Office shown on the records of LYNN FINANCIAL CENTER	Tthe Florida	Dept. of State	<del>-</del> ::	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	
	1905 NW CORPORATE BLVD, SUITE 310			20 D	
	Boca Raton .FL 33431				
(b)				E CONTRACTOR OF THE CONTRACTOR	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<b>₽</b>	
	Corporation Service Company			A:1 7:54	
	NEW Registered Office Address:			•	
	1201 Hays Street				
	Tallahassee, FI	32301			
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere ability co of the lim	d office and mpany, it is ited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
/s/ C	/s/ Chris Phillips		Chris Phillips, Authorized Representative		
Signa	Signature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act performed of for in C hereby co	in this capa mce of my a hapter 605, mfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	
Signal	alse Ak Jan				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Elizabeth A. Dawson, Asst. Vice President on behalf of Corporation Service Company