

L060000 114977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

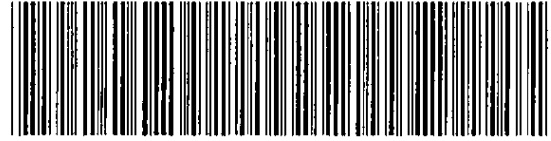
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 529168 / 7560577  
AUTHORIZATION : *Shauna Godbolt*  
COST LIMIT : \$ 25.0

ORDER DATE : July 1, 2024  
ORDER TIME : 9:0 AM  
ORDER NO. : 529168-061  
CUSTOMER NO: 7560577

CHANGE OF AGENT

NAME: BAINBRIDGE MID-ATLANTIC  
MANAGEMENT, LLC

RECEIVED  
2024 JUL 15 AM 11:34  
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CONTACT PERSON: Shauna Godbolt -- EXT#

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. Name of the limited liability company: BAINBRIDGE MID-ATLANTIC MANAGEMENT, LLC

2. (a) 12765 W. Forest Hill Blvd.  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Suite 1307  
Wellington, FL 33414

(b) 12765 W. Forest Hill Blvd.  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
Suite 1307  
Wellington, FL 33414

3. 11/30/2006 Date of filing/registration in Florida

4. L06000114977 Document number

5. (a) BCRA, LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
LYNN FINANCIAL CENTER  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1905 NW CORPORATE BLVD, SUITE 310  
Boca Raton, FL 33431

2024 JUN 13 PM 11:21

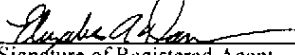
(b) Corporation Service Company  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Chris Phillips Signature of a member or authorized representative of a member

Chris Phillips, Authorized Representative Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

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

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