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ORDER DATE : July 1, 2024

ORDER TIME : 10:40 AM

ORDER NO. : 529168-030

CUSTOMER NO: 7560577

CHANGE OF AGENT

NAME:

BAINBRIDGE COMMUNITIES ACQUISITION III, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Amanda Miller -- 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. Na	me of the limited liability company: BAINBRIDGE C	NUMMO	ПΙ	TES ACQUISITI	ION III, LLC	
2. (a)	12765 W. Forest Hill Blvd.	(1	b)	12765 W. Fores	st Hill Blvd.	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,	υ,	Mailing	ng address of limited liability company: ote: MAY BE POST OFFICE BOX	
	Suite 1307			Suite 1307		
	Wellington, FL 33414	_		Wellington, FL 33414		
	05/29/2008		L	08000053461		
3.	Date of filing/registration in Florida	4.	_	Docu	ment numbe	r
5. (a)	BCRA, LLC					
	Registered Agent and Registered Office shown on the records of	the Florida	a I.	Dept. of State:		
	Lynn Financial Center					.: 8
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRES	<u>S)</u>			F 24 JUL
	1905 NW Corporate Blvd., Suite 310					
	Boca Raton FI	33431				15 A
			_	 		
						19715 11 :S
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	Corporation Service Company					
	NEW Registered Office Address:					
	1201 Hays Street					
	Tallahassee	32301				
change agent v was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability co of the lim	ed om nite	office and the b pany, it is hereb ed liability comp	usiness offic by confirmed	ce of the registered I that the change(s)
/s/ Ch	ris Phillips	Chr	ris	Phillips, Authori	zed Represe	entative
	ure of a member or authorized representative of a member			Printe	d or typed nam	e of signee
provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have I'm writing of this change.	ee to act perform I for in (pereby co	t ir ean Ch on	n this capacity. ce of my duties, apter 605, F.S. firm that the lim	I further agr and I am fa Or, if this d ited liability	ree to comply with the miliar with and accept ocument is being filed company has been
Slage	he a klam					
oignaiui	re of Registered Agent					

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

INHS18 (2/14)