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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE BAINBRIDGE INVESTOR, LLC

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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.

L. Na	nne of the limited liability company: BAINBRIDGE IN	VESTOR, LLC						
2. (a)	7901 4th St N STE 300	(b) ^{7901 4th}	(b) 7901 4th St N STE 300					
2. 14,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX) St. Petersburg FL 33702 L08000063964						
	St. Petersburg FL							
	33702							
	07/01/08							
3.	Date of filing/registration in Florida	<u>4.</u>	Document number					
5. (a)	TRITONAS Corp							
J. (4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State							
	14200 SW 67TH AVE							
	Registered Office Address (MUST BE FLORIDA STREET	Office Address (MUST BE FLORIDA STREET ADDRESS)						
	MIAMI	33158	2024					
(b)	Registered Agents Inc	FILED 2024 DEC -5 PH						
,-,	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	i s m					
	7901 4th St N		- R O S					
	NEW Registered Office Address:							
	STE 300							
	St. Petersburg	33702						
the cha agent v was/wo the arti	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the Companization of the operating agreement of the ture of a member or authorized representative of a member	ws of the State of F f the registered offi iability company, it of the limited liabil	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in					
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee					
I here provisi the obl to mere notifie	by accept the appointment as registered agent and agent on 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 demonstrate of this change.	e performance of my d for in Chapter 66 hereby confirm tha	spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been					
	David Roberts - Assistant S	ocu etat y						