## 115000042566

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| 101 (Cr.) 17 (D)                        |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Basiloss Elias, Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
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|   |
|   |
|   |

Office Use Only



600311423466

18 APR 18 AM 10: 20 APR 18 AM 8: 16

APR 19 2018
J. HARRIS

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO.                                     | I2000000195    |  |  |  |  |  |  |
|---|----------------|--|--|--|--|--|--|
| REFERENCE                                       | 169815 7567450 |  |  |  |  |  |  |
| AUTHORIZATION                                   | Lovello Blanco |  |  |  |  |  |  |
| COST LIMIT                                      | \$ (25.00      |  |  |  |  |  |  |
| ORDER DATE : April 18, 2018                     |                |  |  |  |  |  |  |
| ORDER TIME : 8:44 AM                            |                |  |  |  |  |  |  |
| ORDER NO. : 169815-015                          |                |  |  |  |  |  |  |
| CUSTOMER NO: 7567450                            |                |  |  |  |  |  |  |
|   |                |  |  |  |  |  |  |
| CHANGE OF AGENT                                 |                |  |  |  |  |  |  |
|   |                |  |  |  |  |  |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,          |                |  |  |  |  |  |  |
| NAME: BAINBRIDGE PRICES FORK, LLC               |                |  |  |  |  |  |  |
|   |                |  |  |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |                |  |  |  |  |  |  |
| CERTIFIED COPY XX PLAIN STAMPED COPY            |                |  |  |  |  |  |  |
| AA FLAIN STAMPED COPT                           |                |  |  |  |  |  |  |
|   |                |  |  |  |  |  |  |
| CONTACT PERSON: Roxanne Turner                  | EXT#           |  |  |  |  |  |  |

EXAMINER:

## COVER LETTER

| Division of Corporations                               |  |  |  |  |
|--|--|--|--|--|
| SUBJECT: BAINBRIDGE PRICES FORK, LLC                   |  |  |  |  |
| Name of I  | Limited Liability Company                  |  |  |  |
| Dear Sir or Madam:                                     | , <b>,</b>                                 |  |  |  |
| The enclosed Registered Agent/Registered Office Ch     | nange and fec(s) are submitted for filing. |  |  |  |
| Please return all correspondence concerning this mat   |  |  |  |  |
|  |  |  |  |  |
| New CD   |  |  |  |  |
| Name of Person   |  |  |  |  |
| Pi/C   |  |  |  |  |
| Firm/Company   |  |  |  |  |
| Address  | <del></del>                                |  |  |  |
| Addition 1   |  |  |  |  |
| City/State and Zip Code                                |  |  |  |  |
|  |  |  |  |  |
| E-mail address: (to be used for future annual rep      | port notification)                         |  |  |  |
| For further information concerning this matter, please |  |  |  |  |
|  |  |  |  |  |
| Name of Person at (                                    | )  |  |  |  |
| ivame of Person  | Area Code & Daytime Telephone Number       |  |  |  |
| STREET/COURIER ADDRESS:                                | MAILING ADDRESS:                           |  |  |  |
| Registration Section                                   | Registration Section                       |  |  |  |
| Division of Corporations                               | Division of Corporations                   |  |  |  |
| Clifton Building                                       | P.O. Box 6327                              |  |  |  |
| 2661 Executive Center Circle                           | Tallahassee, Florida 32314                 |  |  |  |
| Tallahassee, Florida 32301                             |  |  |  |  |
| Enclosed is a check for the following amount           | nt:  |  |  |  |
| ☑ \$25 Filing Fee                                      | ☐ \$55 Filing Fee & Certified Copy         |  |  |  |
| INHS18 (2/14)  |  |  |  |  |

## 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 F   | PRICES FO                              | PRK, LLC  |   |
|---------------------|--|--|---|---|
| 2. (a)              | 12765 W FOREST HILL BLVD, SUITE 1307   |  | 12765 W FORFOT  | 100 0000  |
| ,                   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  | (b).                                   | Mailing address   | HILL BLVD, SUITE 1307 s of limited liability company: (BE POST OFFICE BON)  |
|                     | WELLINGTON, FL 33414   |  | WELLINGTON, FL 3  |   |
|                     |  |  |   | <del></del>   |
|                     | 03/09/2015   |  | 115000042555  |   |
| 3.                  | Date of filing/registration in Florida   | - <u>-</u> -                           | L15000042566  Document n  | number  |
| 5. (a)              | BCRA, LLC  |  |   |   |
| (-,                 | Registered Agent and Registered Office shown on the records of t   | the Florida De                         | ent. of State:  |   |
|                     | 7777 Glades Road   |  | ,   |   |
|                     | Registered Office Address (MUST BE FLORIDA STREET A  | (DDRESS)                               | ·   |   |
|                     | Ste. 300   |  |   |   |
|                     | Boca Raton , FL  | 33434                                  | <del></del> _   | *****   |
| (b)                 | Corporation Service Company  |  | <del></del>   | 211 A   |
|                     | Enter name of NEW Registered Agent and/or NEW Registered   | Office addre                           | <u>w</u> :  | 70 mm   |
|                     | 1201 Hays Street   |  |   | Cir. oo   |
|                     | NEW Registered Office Address:   |  | <del></del>   |   |
|                     | _  |  |   | G C   |
|                     |  | ·                                      | <del></del>   | □ (2) <b>(2)</b> (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4   |
|                     | Tallahassee, FL_   | 32301                                  |   |   |
| If the li           | mited liability company is not organized under the low   | n of the Car                           |   |   |
| the cha             | mited liability company is not organized under the law<br>nge or changes are made, the Florida street address of to<br>fill be identical. Or in the case of a Florida limited liab | 's of the Sta<br>the register          | ite of Florida, it is her<br>ed office and the busi   | eby confirmed that after<br>ness office of the registered   |
| was/we              | re authorized by an affirmative vote of the members of   | omity comp                             | any, it is hereby confi   | irmed that the change(s) as otherwise provided in   |
| me arm              | cles of organization or the operating agreement of the l   | imited liab                            | ility company.  | and the provided th   |
| Signat              | ure of a member or authorized representative of a member   | Marian                                 | gela Soto   |   |
| Lhereh              | n accent the appointment on an in-   | is to not in                           |   | d name of signee  |
| the obti<br>to mere | gations of my position as registered agent as provided<br>by reflect a change in the registered office address. This   | erformanc<br>for in Cha<br>ereby confi | ons capacity, 1 further of my duties, and La<br>oter 605, F.S. Or, if the other of the other of the control of the | r agree to comply with the<br>m familiar with and accept<br>his document is being filed<br>thility company has been |
| Ĭ.                  | writing of this change constitution free data ess. The   |  | Roxanne Turr  | ner   |
| Signatur            | e of Registered Agent Corporation Service Company  | BY:                                    | Asst. Vice Presi  |   |