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(City/State/Zip/Phone #)	08/27/1901023022 **125
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2019 JUL 27 IP IF I3

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TO: Registration Section Division of Corporations

SZ BRIDGECAP LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alex Espenkotter, Esq.

Name of Person

Heller Espenkotter, PLLC

Firm/Company

2701 Ponce De Leon Blvd., Suite 301

Address

Coral Gables, FL 33134

City/State and Zip Code

adam@blackbearfund.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Espenkotter, Esq.

305 926-3631

at (

Name of Person

Area Code & Davtime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability consubmits the following statement in order to change its registered office or registered agent, or both, in the St Florida.

1.	Na	une of the limited liability company: SZ BRIDG		C
2.	(a)	4601 Ponce De Leon Blvd.	(b	, 4601 Ponce De Leon Blvd.
	()	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	`	Mailing address of limited liability compan (<u>Note: _MAY BE POST OFFICE BOX</u>)
		Suite 300		Suite 300
		Coral Gables, FL 33146		Coral Gables, FL 33146
		11/10/2015		L15000190476
3.		Date of filing/registration in Florida		Document number
5.	(a)	REBECCA ABRAMS SARELSON		
	(11)	Registered Agent and Registered Office shown on the record	s of the Florida	Dept. of State:
		C/O ARNSTEIN & LEHR LLP		
		Registered Office Address (MUST BE FLORIDA STRE	Ł	
		200 SOUTH BISCAYNE BOULEVARD,	00	
		Miami	. FL_33131	
((b)	ALEX ESPENKOTTER, Esq.		:
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office add	Iress:
		c/o Heller Espenkotter, PLLC		
		<u>NEW</u> Registered Office Address:		1 · · · · · · · · · · · · · · · · · · ·
		2701 Ponce De Leon Blvd., Suite 301		
		Coral Gables		

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

L-Spen to Her Printed or typed name of signee Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply will provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and complete obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflected chapter in the registered office address. I hereby confirm that the limited liability company has be ting of this change notified in M

Signature of Registered Agent

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