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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA0000000023

Phone : (954)208-0845

Fax Number

: (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE BRIDGE AVE KP, LLC

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M. SOLOMON JUN 2 6 2023

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Help

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 submus the following statement in order to change its registered office or registered agent, or both, in the State of Florida

. (a)	ome of the limited liability company: Diage AVE KI. E 9525 W BRYN MAWR AVE		75. 9525 W BRYN MAWR AVE			
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	STE 700		STE 700			
	ROSEMONT, IL 60018	_	ROSEMO	NT. IL 60018		
	06/20/2018		L18000151419			
. (a)	Date of filing/registration in Florida COGENCY GLOBAL INC.	4.		Document number		
. (u)	Registered Agent and Registered Office shown on the records of 115 North Calhoun Street	te:				
	Registered Office Address	2029 JUN 23 SECRETARY SECRETARYSE				
	Tallahassec , FL	32301		N 23		
	C.T. Corporation System	PHI2:				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Officend	lress:	Z: 59		
	NEW Registered Office Address:			-		
	1200 South Pine Island Road	_				
	Plantation , FL	33324				
e char gent w as/we e artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regisability co of the lim limited l	stered offic mpany, it i ited liabilit	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.		
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee		
ovisio e obli mere	oy accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ity reflect a change in the registered office address, I fin writing of this change. CT Corporation System	ree to act perform d for in (hereby co	in this cap ance of my hapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		

Signature of Registered Agent SEAPL EMERICK ASSISTANT SECRETARY