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Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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LLC REGISTERED AGENT CHANGE BRIDGE AVE HOLDINGS, LLC

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AUG 1 0 2023

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. No	me of the limited liability company: Bridge AVE Hole	lings, L.L.	.C					
2. (a)	9525 W BRYN MAWR AVE	(1	(b) 9525 W BRYN MAWR AVE					
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	''	0)		Mailing address (Note: MAY)			
	STE 700			STE 700				
	ROSEMONT, IL 60018	_	-	ROSEMO	NT. IL 60018	-		
	10/10/2019		L	19000246	174			
3.	Date of filing/registration in Florida	4.			Document m	ımber		
5. (a)	COGENCY GLOBAL INC.							
()	Registered Agent and Registered Office shown on the records of 115 North Calhoun Street	the Florida	аΓ	Pept, of Stat	_ le;			
	Registered Office Address	ADDRES!	<u>S)</u>		-			
	Tallahassec PI	3230i			_	至温	2023	
(b)	C T Corporation System				_		2023 JUN 23	コンド
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			_	SSH H	AH	LED (ND (OAE)	
	NEW Registered Office Address:				-	第2	 60	
	1200 South Pine Island Road				_		່ເກ	
	Plantation FL	33324			_			
the cha agent w was/we the arti	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 liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reginability confident file linglimited	iste om nite lia	ered office pany, it is ed liabilit	e and the busing hereby confiction or the business of the busi	ness office	of the	registered
Signat	ure of a member or authorized representative of a member				Printed or types	I name of sign	ice	
notified By:	ov accept the appointment as registered agent and agreems of all statutes relative to the proper and complete to gations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change. CT Corporation System	ve to ac perform d for in (nereby co	t ii w Ck on	n this cap ice of my iapier 60, firm that	ocity, 1 furthe duties, and 1 c 5, F.S. Or, if t the limited lia	r agree to om familiar his docume bility comp	comply with a nt is b any he	with the ind accept eing filed is been