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|--|
| (Requestor's Name) |
| (Address) |
| , |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| , |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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| 11 mills |

Office Use Only





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

| ACCOUNT NO. | : 1200 | 12000000195 | | | | |
|---|--------|-------------|---------|--|--|--|
| REFERENCE | : 5291 | L68 | 7560577 | | | |
| AUTHORIZATION | : | - 0 | | | | |
| COST LIMIT | C5,50% | Les | nd | | | |
| ORDER DATE : July 1, 2024 | | ر ا | | | | |
| ORDER TIME : 10:35 AM | | | | | | |
| ORDER NO. : 529168-022 | | | | | | |
| CUSTOMER NO: 7560577 | | | | | | |
| | | | | | | |
| CHANGE OF AGENT | | | | | | |
| | | | | | | |
| NAME: BAINBRIDGE CARY MEMBER, LLC | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | |
| CONTACT PERSON: Amanda Miller | EXT | ŧ | | | | |
| | EXAM | INER: _ | | | | |

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.

| I. N | ame of the limited liability company: BAINBRIDGE | CARY MEMBER, LL | C | | | |
|---|---|---|--|--|--|--|
| 2. (a) | 12765 W. Forest Hill Blvd. | (b) 12765 W | (b) 12765 W. Forest Hill Blvd. | | | |
| 2. (11) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | Suite 1307 | Suite 130 | 7 | | | |
| | Wellington, FL 33414 | Wellingto | n, FL 33414 | | | |
| | 07/16/2020 | L20000198 | 3806 | | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | | |
| 5. (a) | BCRA, LLC | | 2021 JUL 15 | | | |
| , , | Registered Agent and Registered Office shown on the records o | | | | | |
| | 1905 N.W. Corporate Blvd. | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | - 01 | | | | |
| | STE 310 | | P;112: 29 | | | |
| | Boca Raton | ., 33431 | 2: 2 | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company | ed Office address: | _ | | | |
| | NEW Registered Office Address: | | _ | | | |
| | 1201 Hays Street | | _ | | | |
| | Tallahassee F | L_32301 | _ | | | |
| change agent was/w the art /s/ C | limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the hris Phillips | e registered office an iability company, it is of the limited liabilit e limited liability con | d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in a npany. Authorized Representative | | | |
| _ | ature of a member or authorized representative of a member | | Printed or typed name of signee | | | |
| provis the obs to mer notifie | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change. | gree to act in this cap e performance of my c ed for in Chapter 603 hereby confirm that | acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been | | | |
| Signati | ire of Registered Agent | | | | | |

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

Elizabeth A. Dawson, Asst. Vice President on behalf of Corporation Service Company

INHS18 (2/14)