L20 000 289835

(Requestor	s Name)		
(Address)			
(Address)			
(,			
(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL		
(Dusiness I	Table Manna		
(Business E	Entity Name)		
(Document Number)			
Certified Copies C	ertificates of Status		
Special Instructions to Filing Officer:			

Office Use Only



000368821320

87/07/21--01043--005 ++25.00

2021 JUL-7 PH 2: 12

RARCICHT

JUL 28 2021 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations		
701 Rose, LLC SUBJECT:		
	mited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Jasmine Carcieri		
Name of Person		
DarrowEverett LLP		
Firm/Company		
One Turks Head Place, Suite 1200		
Address		
Providence, RI 02903		
City/State and Zip Code	- 	
jcarcieri@darroweverett.com		
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please	call:	
	401 453-1200	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amoun	nt:	
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

• 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. Na	ame of the limited liability company:701 Rose, LLo	С		 _
2 (a)			(b)	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	701 Park of Commerce Blvd.		701 Park	c of Commerce Blvd.
	Boca Raton, FL 33487		Boca Ra	ton, FL 33487
	09/22/2020		1.2000028	89835
3.	Date of filing/registration in Florida	— 4.		Document number
• ()				
5. (a)	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept. of St	tate:
	BCRA, LLC			
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRF		- 2021
	LYNN FINANCIAL CENTER, 1905 NW CORPORAT	_		7021 JUL -7 PH 2:12
	Boca Raton FL 33431			
	, F	FL		
4.5				
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office :	ıddress:	
				2
	Corporation Service Company	_		
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	32301		
	Tallallassee F	, l~		<u> </u>
If the I	imited liability company is not organized under the la	aws of th	e State of F	lorida, it is hereby confirmed that after the
	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited I			
was/we	ere authorized by an affirmative vote of the members	of the li	mited liabil	ity company or as otherwise provided in
	cles of organization or the operating agreement of th		-	, -
سرا مرسانا	fure of a member or authorized representative of a member		smine Carcie	Printed or typed name of signee
	•	****	at in thin are	•
provisi the obl to merc	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complete igations of my position as registered agent as provid ely reflect a change in the registered office address, l I in writing of this change.	e perfori led for in I hereby	a in ints ca nance of my Chapter 60 confirm tha	pactiv. I juriner agree to comply with the values, and I am familiar with and accept 15, F.S. Or, if this document is being filed at the limited liability company has been
Signary	Tillian Raymond			

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