From: David Thoma

7/10/23, 2:57 PM

Division of Corporations

## Florida Department of State Division of Conformations Electronic Filing Cover Sheet Florida Department of State State

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## LLC REGISTERED AGENT CHANGE BRIDGE POINT GRATIGNY, LLC

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## 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.

ì.	Na	ame of the limited liability company: Bridge Point Grat	igny, I	J.C			
2.	(a)	9525 W BRYN MAWR AVE		(b)	9525 W BI	RYN MAWR AVE	
	<b>\-</b> /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		STE 700			STE 700		
		ROSEMONT, IL 60018			ROSEMON	NT, IL 60018	
		11/04/2021		1	.210004782	83	
3.		Date of filing/registration in Florida	4.	_		Document number	
5.	(a)	COGENCY GLOBAL INC.					
J.	(4)	Registered Agent and Registered Office shown on the records of a 115 North Calhoun Street	the Flor	rida I	Dept. of State	::	
		Registered Office Address Suite 4	4DDRE	<u>(SS)</u>		. ~	
		Tallahassec , FL	32301	SEC SEC	.023 , SEC FALL		
	<b>(</b> b)	C T Corporation System  Enter name of NEW Registered Agent and/or NEW Registered Office address:		[ <b>23</b> :	APPROVEL AND FILED  1023 JUL 10 PM  SCORETARY OF 1 101, LAHASSEEL F		
		NEW Registered Office Address:					
		1200 South Pine Island Road			RM <b>⊕</b>		
		Plantation FL	33324				
the ag wa the	ent v ent v s/w e arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reability of the l limite	gist cor imit d lia	ered office npany, it is ted liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.	
	Signa	ture of a member or authorized representative of a member				Printed or typed name of signee	
prothic to no	ovisi 2 obl merc tifiec	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I id in writing of this change.  C T Corporation System  Te of Registered Agent  SEAN LEMERICK, ASSISTANT SECRETARY	ee to d perfoi d for i hereby	act i rma n Ci r coi	n this capa nce of my a hapter 605, afirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	