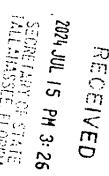
122000359068

(0)
(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 Filling Officer:
11 mils

Office Use Only



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

ACCOUNT NO. : 12000000195								
REFERENCE : 529168 7560577								
AUTHORIZATION :								
COST LIMIT : \$ 25.00								
ORDER DATE : July 1, 2024								
ORDER TIME : 10:48 AM								
ORDER NO. : 529168-044								
CUSTOMER NO: 7560577								
CHANGE OF AGENT								
NAME: BAINBRIDGE GRAND NATIONAL GP, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Amanda Miller EXT#								

EXAMINER:

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.	Na	ame of the limited liability company: BAINBRIDGE G	RANE	N/	ATIONAL GP, LLC	<u>-</u>			
2.	(a)	12765 W. Forest Hill Blvd.		(b)	12765 W. Forest Hill Blv	ıd.			
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 1307		(~)	Mailing address of (Note: MAY B) Suite 1307				
		Wellington, FL 33414			Wellington, FL 33414				
		08/17/2022		Ł	_22000359068				
3.		Date of filing/registration in Florida	4.	-	Document nur	nber			
5.	(a)	BCRA, LLC				Ş., s	177		
٥.	(4)	Registered Agent and Registered Office shown on the records of t	the Flor	rida	Dept, of State:				
		Registered Office Address (MUST BE FLORIDA STREET A STE 310	(DDRI	ESS)		•			
		Boca Raton FL	3343	1			ک ن		
		Corporation Service Company NEW Registered Office Address: 1201 Hays Street							
		Tallahassee FL	3230	1					
cha age was	inge ent w s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist bility f the l	erec con limi	d office and the business on npany, it is hereby confirited liability company or a	office of the	e registe le change	red e(s)	
/s/ Chris Phillips				Chris Phillips, Authorized Representative					
l h pro the to t	erel visio obli nero ified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. I have the proper and complete the registered office address. I have the proper address of the change.	ee to c perfor I for in ereby	act i mai n Ci cor	Printed or typed in this capacity. I further nee of my duties, and I an hapter 605, F.S. Or, if that the limited liab.	avree to c	omply w	ith the accept g filed seen	
	กสเบเ	re of Registered Agent eth A. Dawson, Asst. Vice President on behalf of Corporation	n Servi	ice (Company				

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