L22000420288

(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:								

Office Use Only



100431830281

2024 JUL 15 PM 3: 1

RECEIVED

1974 JUL 15 AM 9: 49

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 529168 75,6057

AUTHORIZATION :

COST LIMIT : \$ 25.00

·

ORDER DATE : July 1, 2024

ORDER TIME : 8:55 AM

ORDER NO. : 529168-057

CUSTOMER NO: 7560577

CHANGE OF AGENT

NAME: BAINBRIDGE MCCRIMMON GP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Shauna Godbolt -- 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. N	ame of the limited liability company: BAINBRIDGE	MCCRIM	M	ON GP, LL	.C					
2. (a)	12765 W. Forest Hill Blvd		(b)	12765 W.	. Forest Hill Blv	vd.				
- (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)					
	Suite 1307		Suite 1307							
	Wellington, FL 33414			Wellingtor	on, FL 33414					
	09/27/2022		L	22000420	288					
3.	Date of filing/registration in Florida	4.	_		Document nur	nber				
5. (a)	BCRA, LLC									
5. (u	Registered Agent and Registered Office shown on the records of	of the Flori	da [Dept. of State	- ::					
	1905 N.W. CORPORATE BLVD									
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>SS)</u>		-	TA:	202			
	SUITE 310					E Pi	<u> </u>	-11		
	Boca Raton	33431	TALLAHASSEE, FLORIDA							
					-	û Ç	곡	M		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				-	<u>.</u>	9	\bigcup		
	Enter name of NEW Registered Agent and/or NEW Register	ed Uffice a	iddr	ess:)RE	9: 49			
	Corporation Service Company				_	Ď.	w			
	NEW Registered Office Address:			· · · · ·						
	1201 Hays Street				-					
	Tallahassee . F	L 32301								
changagent was/w	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne registe liability c of the li	red om mit	office and pany, it is ed liability	d the business of thereby confirmation of a	office of the med that the	ne regis ne char	itered ige(s)		
	hris Phillips	Ch	ris	Phillips, A	uthorized Rep	resentativ	е			
Sign	Signature of a member or authorized representative of a member			Printed or typed name of signee						
provis the ob to mer notifie	thy accept the appointment as registered agent and agions of all statutes relative to the proper and completed ligations of my position as registered agent as provided by reflect a change in the registered office address, and in writing of this change.	gree to ac e perforn led for in I hereby c	t ir nan Ch con	this capa ce of my a apter 605, firm that t	icity. I further luties, and I an , F.S. Or, if th he limited liab	agree to c n familiar is docume ility compo	omply with ar oit is be any ha.	with the ad accept ing filed s been		
	alse A Lan									

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)