## 1200045000

(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:								
<i>lumills</i>								

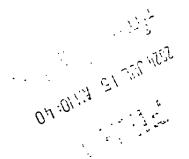
Office Use Only



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SECRETARY OF STATE

RECEIVED



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

ACCOUNT NO. : 12000000195									
REFERENCE : 529168 7560577									
AUTHORIZATION: Spelle Recent									
COST LIMIT : \$25.00									
ORDER DATE : July 1, 2024									
ORDER TIME : 10:18 AM									
ORDER NO. : 529168-002									
CUSTOMER NO: 7560577									
CHANGE OF AGENT									
NAME: BAINBRIDGE 5401 WILES ASSOCIATES CAPITAL, LLC									
ASSOCIATES CAPITAL, DUC									
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	me of the limited liability company:  BAINBRIDGE 54	101 WIL	ES	ASSOCIA	ATES CAPITAL, LL	_C		
2.	(a)	12765 W. Forest Hill Blvd.	(H	<b>)</b> )	12765 W. I	Forest Hill Blvd.			
Σ. (	(4)	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		5	Suite 1307	ite 1307			
		Wellington, FL 33414	_	\ -	Wellington, FL 33414				
		11/14/2022		L2	220004870	97			
3.		Date of filing/registration in Florida	4.		Г	Document number			
5. (a	(a)	BCRA, LLC							
	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept.			ept. of State:			~1	
		1905 N.W. Corporate Blvd.					: -:	1.25.	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						(=	- : :
		Lynn Financial Center, Suite 310						- -	7.
		Boca Raton .FL	33431				•	·	·
								<u> </u>	•
(	(b)	Enter name of NEW Registered Agent and/or NEW Registered						10:10	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			ess:		-	•••	
		Corporation Service Company							
		NEW Registered Office Address:							
		1201 Hays Street							
		Tallahassee , FL	32301						
cha age was	nge nt w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registere bility co f the lim	ed o mp rite	office and pany, it is he diability of	the business office nereby confirmed t company or as oth	of th	ie registe ne change	red e(s)
_/s	/ Ch	ris Phillips	Chris Phillips, Authorized Representative						
Si	ignat	ure of a member or authorized representative of a member			i	Printed or typed name	of sign	iee	
pro the to n	visie obli nere	oy accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I have in the continuous of this change.	e to act verforme for in C ereby co	in and The Onf	this capac ce of my du upter 605, i irm that th	ity. I further agre ties, and I am fam F.S. Or, if this doc e limited liability c	e to c iliar umei compo	omply wa with and it is bein any has b	ith the accept g filed seen
Sign	<i>Lua</i> natur	e 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