

L23000098579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

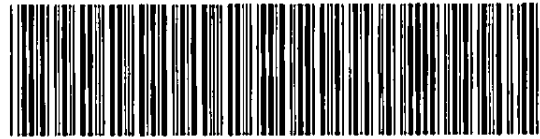
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Certified Copies _____

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2024 MAR 25 PM 12:40

SECRETARY OF
TALLAHASSEE, FLORIDA

FILED

2024 MAR 25 PM 12:00

TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 03/25/2024

Acc#I20160000072

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| | |
|-------------|-----------------------|
| Name: | FCREP Management, LLC |
| Document #: | |
| Order #: | 15454990 - 1 |

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|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Certified Copy of | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
| | | Number of Certs: | |

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| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
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Email Address for Annual Report Notifications:

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|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FCREP Management, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RoxAnn D. Mack

Name of Person

Faegre Drinker Biddle & Reath LLP

Firm/Company

1470 Walnut Street, Suite 300

Address

Boulder, CO 80302

City/State and Zip Code

jsimmons@bridgercolorado.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RoxAnn D. Mack

at (303) 447-7750

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 amount:

☐ \$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.

1. Name of the limited liability company: FCREP Management, LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

1000 Riverside Avenue, Suite 600

Jacksonville, FL 32204

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

1000 Riverside Avenue, Suite 600

Jacksonville, FL 32204

03/03/2023

L23000098579

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
C T Corporation System

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road

Plantation, FL 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Justin Higgins

NEW Registered Office Address:

1000 Riverside Avenue, Suite 600

Jacksonville, FL 32204

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

JS

John W. Simmons

Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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

FILED
2024 MAR 25 PM 12:01
TALLAHASSEE, FLORIDA