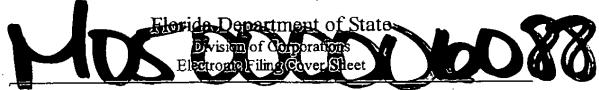
9/6/2019

Division of Corporations



Note: Please prior this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500

: (702)866-2689 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

documents @ incorp.com

### LLC REGISTERED AGENT CHANGE BRIDGEROCK PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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## H190002679933

#### COVER LETTER

TO:		tration Section ion of Corporations					
SUBJ	ECT.	Bri	dgeroc	k Prope	erties, LLC		
. SUDJ	ECI.	Nam	of Lic	nited Lie	bility Compa	any	
Dear S	Sir or M	ladam:					
The er	nclosed	Registered Agent/Registered Offic	ce Char	ge and :	fee(s) are sub	mitted for filin	g.
Please	: return	all correspondence concerning thi	s matte	r to the f	following:		
		Joanna Fernandez				,	
		Name of Person			_		
		InCorp Services, Inc.			_		2019 S
	<u> </u>	Firm/Company					· · · · · · · · · · · · · · · · · · ·
	37	73 Howard Hughes Pkwy, Suite	500\$				- I
		Address					
		Las Vegas, NV 89169-6014					
		City/State and Zip Code					,
		documents@incorp.com					
	E-mail	address: (to be used for future ann	ual repo	ort notifi	cation)		
For fu	irther in	formation concerning this matter,	please	call:	•		·
	Joann	na Fernandez on behalf of					
	InCor	p Services, Inc.	_ at (_	702	866-250		
		Name of Person			Area Code	& Daytime Te	lephone Number
	Regis Divis Clifts 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle thassee, Florida 32301		Reg Div P.C	AILING ADIgistration Sec vision of Corp D. Box 6327 Ilahassee, Flo	etion porations	
	Encl	osed is a check for the following	amour	it:			
	<b>2</b> 52	25 Filing Fee		<b>-</b> \$5	5 Filing Fee	& Certified Co	ру
INDUIC.	18 (2/14)	`					

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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.

Name of the limited liability company	y: Bridgerock Prope	ertles, LLC	<u>.                                    </u>	
(a) 2637 E. Atlantic Bivd. PMB #141 Pon		2 (b) <sup>2637</sup> E.	Atlantic Blvd, PMB #141 P	ompano Beach, FL 3
Principal office address of limited (Nate: MUST BE STREE)			Mulling address of limited it (Note: MAY BE POST C	
1				
10/31/2005		M0500	0006088	
Date of filing/registration	in Florida	4.	Document number	
(a) C T CORPORATION SYSTEM	A			
Registered Agent und Registered Office s	hown on the records of the	Florida Dept. of	State:	
1200 South Pine Island Road			,	
Registered Office Address (MUST BI	E FLORIDA STREET AD	DRESSI	<del></del>	
				2(
Plantation	721	33324		91(
Fiditation			•	SEP
(b) InCorp Services, Inc.	,		•	
Enter name of NEW Registered Agent a	nd/or NEW Registered O	ffice nddress:	<del></del>	9- FICE PAR PAR
				- Fi (30) 전
17888 67th Court North				AH III:
NEW Registered Office Address:			,	 2
Loxahatchee, FL 33470				0
Loxahatchee	, FL	33470		
he limited liability company is not orgethange or changes are made, the Florient will be identical. Or, in the case of solvere authorized by an affirmative volunticles of organization or the operation	ida street address of the a Florida limited liab ate of the members of t	ic registered o ility company, the limited lial	frice and the business offi it is hereby confirmed the bility company or as other company.	ce of the registered at the change(s)
Affin			Daniel Wiener Printed or typed name of	simee
ingusture of a member or authorized representations and accept the appointment as regis ovisions of all statutes relative to the problem of all statutes relative to the problem of all statutes relative to the problem of acceptance in the register acceptance in the register of the comment of the problem of the comment of	stered agent and agree troper and complete pred ted agent as provided p ed office address, I he		capacity. I further agree my duties, and I am famil 605, F.S. Or, if this doci hat the limited liability co	•
	a Fernandez on behal	11 Of 111001p CC	•	

FILING FEE: \$25.00