M11000001927

(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



900393556089

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO. : 12000000195
	REFERENCE : 91-5503 7404709
	AUTHORIZATION STUBBLE MAN
	COST LIMIT : \$ 25.00
ORDER DATE :	August 30, 2022
ORDER TIME :	10:13 AM
ORDER NO. :	915503-015
CUSTOMER NO:	7404709
	FOREIGN FILINGS
NAME:	BCORE SAWGRASS CENTER LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

TO:	_		Section Corporations				
SUBJ	ECT:	BCOR	E Sawgrass Center	LLC			
			Name o	of Foreign	Limited Lia	bility Co	mpany
Dear S	Sir or N	Aadam:					
The er	nclosec	lapplic	ation, certificate a	nd fee(s) a	re submitted	for filing	g.
Please	return	all cor	respondence conce	erning this	matter to th	e followi	ng:
			Name of Perso	n		_	
	-		Firm/Company			_	
			Address				
			City/State and	Zip Code		_	
E-m	nail ado	iress: (o be used for futur	e annual r	report notific	ation)	
For fu	rther it	nformat	ion concerning thi	s matter, p	dease call:		
					at ()	
	-	Nan	ie of Person		`	e & Dayt	ime Telephone Number
	Regi: Divis P.O.	sion of Box 61	Section Corporations			Division The Control 2415 N	address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303
□\$25			a check for the fo ☐ \$30 Filing Fec Certificate of	: & - I	mount: □ \$55 Filing Certified		☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records	of the Florida Department of
State: BCORE Sawgrass Center LLC	
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2022 AUG 3
(Mailing address MAY BE A POST OFFICE BOX)	AN SEE, FL
2. The Florida document number of this limited liability company i	s: M11000001927
3. Jurisdiction of its organization: 4. Date authorized to do business in Florida: SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company: (must contain "Limite	d Liability Company. ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose copy of the written consent of the managers or managing members must contain "Limited Liability Company," "L.L.C." or "LLC.")	of transacting business in Florida and attach a adopting the alternate name. The alternate name
6. If amending the registered agent and/or registered officer address registered agent and/or the new registered office address here:	s on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
Ci	, Florida tv
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to a the provisions of all statutes relative to the proper and complete pe and accept the obligations of my position as registered agent as predocument is being filed to merely reflect a change in the registered liability company has been notified in writing of this change.	ct in this capacity. I further agree to comply with rformance of my duties, and I am familiar with ovided for in Chapter 605, F.S. Or, if this

If Changing Registered Agent, Signature of New Registered Agent

le/ Capacity	<u>Name</u>	Address Ty	Type of Action	
			_ □Add	
			_ □Remo	
			_ □Add	
		ALL	7622 AUG 34dd	
		SSEE, FL		
			_ □Add	
			_ □Remo	
			_ □Add	
aforementioned am	icate, if required: no more than 90 day endment(s), duly authenticated by the he law of which this entity is organize	official having custody of records in the	_ □Remo	

Filing Fee: \$25.00

8. Please amend the Authorized Persons Detail by removing the following:

Kevin Kessinger – Authorized Signatory 233 S. Wacker Drive, Suite 4700 Chicago, IL 60606

David Dieterle – Authorized Signatory 233 S. Wacker Drive, Suite 4700 Chicago, IL 60606

Christopher Dykstra- Authorized Signatory 233 S. Wacker Drive, Suite 4700 Chicago, IL 60606

Stephen Hutzel– Director of Construction 233 S. Wacker Drive, Suite 4700 Chicago, IL 60606

Please amend the Authorized Persons Detail by adding the following names:

Adam Sich - Director-Property Management-Southeast 11701 Lake Victoria Gardens Ave, Suite 2203 Palm Beach Gardens, FL 33410

Andrew Stoeri - VP Development-East

SECALDIRY OF STATE
TALLAHASSEE, FL

7077 ALIG 31 AM 9: 4