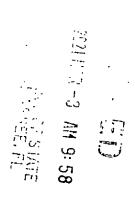


(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer.				
,				









17. 4 1011



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	03/03/2021			
	Jennifer Bialowas	_		
	1327997			
Entity Name	BEP BEA	CHSCAPE LLC		
Artic	les of Incorporation/Authorization	to Transact Business		
Ame	ndment			
✓ Char	nge of Agent			
☐ Rein	statement			
Conv	version			
☐ Merg	ger			
☐ Dissolution/Withdrawal				
☐ Fictit	tious Name			
Othe	er			
Authorized	Amount: 25.00			
Signature:	2 Loter 2			

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.

L.	Name of the limited liability company: BEP BI	EACHSCAPE LI	_C
2. (a	·)	thi	
	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No.	Change
	July 22, 2013		M13000004573
3.	Date of filing/registration in Florida	4.	Document number
5. (a	CORPORATION SERVICE COMPANY	•	
,	Registered Agent and Registered Office shown on the reco	ords of the Florida Dept	of State:
	1201 HAYS STREET		
	Registered Office Address	REET ADDRESS)	
	TALLAHASSEE	. FL 32301	
(b	COGENCY GLOBAL INC.		
	Enter name of NEW Registered Agent and/or NEW Regi	stered Office address:	
	115 North Calhoun St., Suite 4		ال المراجعة المراجعة المراجعة المراجعة ال
	NEW Registered Office Address:		- A A
		-	MA 9: 51
	Tallahassee	, _{FL} 32301	, <u>u</u>
ine cr agent was/v	limited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membiticles of organization or the operating agreement o	ess of the registered ted liability compar pers of the limited I	office and the business office of the registered by, it is hereby confirmed that the change(s) is hilly company or as otherwise provided in
	erry O'Connor	Terry O'C	Connor
	ature of a member or authorized representative of a member		Printed or typed name of signee
o mei	thy accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as profely reflect a change in the registered office address in writing of this change.	d agree to act in thi plete performance o wided for in Chapto ss, I hereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been
/s/ T	im Mayville		
Signat	ore of Registered Agent Tim Mayville, Assistant S	- Secretary	

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