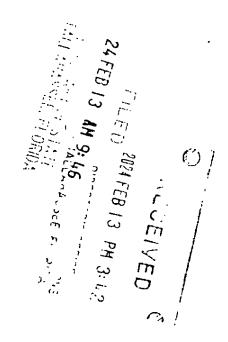
M170000309

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: J. HORNE
FEB 1 4 2024





100423599261



		ACCOUNT NO	. :	I	20000000195	
		REFERENC	E :	3	03084 7 4713582	2
		AUTHORIZATIO	N :		Sould ble man	
		COST LIMI	Г :	\$	25.00	
		February 1, 20	- 24		-	
ORDER	TIME :	1:30 PM				
ORDER	NO. :	303084-154				
CUSTOM	ER NO:	4713582				
	- -	CHANGE OF				
	NAME:	BRFC 2017-A	LLC			

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland-sorenson

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. Na	ame of the limited liability company:	LC					
2. (a)	4950 COMMUNICATION AVE	((b)	4950 CO	MMUNICATION AVE		
. (u)	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 900		;	SUITE 90	0		
	BOCA RATON, FL 33431	_	-	BOCA RA	TON, FL 33431		
	04/06/2017		М	117000000	3009		
3.	Date of filing/registration in Florida	4.			Document number		
5. (a)							
. (a)	Registered Agent and Registered Office shown on the records of CORPORATE CREATIONS NETWORK INC.	the Florio	da D	ept, of State	- ::		
	Registered Office Address (MUST BE FLORIDA STREET. 801 US HIGHWAY 1	<u> 4DDRES</u>	<u>55)</u>				
	NORTH PALM BEACH . FL	33408			74.7		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	Office a	ddr	<u>esn</u> :	24 FEB 13 MM 9: 46		
	NEW Registered Office Address:				8		
	1201 Hays Street				-		
	Tallahassee, Fl.	32301			-		
hange gent w vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of the preganization or the operating agreement of the	register ability c of the lir	red om: mite	office and pany, it is distilled	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
	Xie & Cone			Jill	Cilmi, Authorized Person		
Signat	ture of a member or authorized representative of a member				Printed or typed name of signee		
rovisio he obli o mere otified	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It I in writing of this change.	ee to ac perform I for in iereby c	rt in rand Cha conf	this capa ce of my a apter 605, firm that t	wity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been		
Signatu	Inne TKUDLE re of Registered Agent						
Grac	e E. Kirby, Asst. Vice President						

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