(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:						
J. HORNE						
MAY 2 5 2022						

Office Use Only



100388338011

2022 HAY 24 AM 9: 27 FILED CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	. : I2	:00000001	95				
REFERENC	E : 67	6504	8331866				
AUTHORIZATIO	N J	Xal.					
COST LIMI	T : \S	<b>DECEN</b> 25.00					
		·	~ ~ ~ <del>-</del>				
ORDER DATE : May 16, 2022							
ORDER TIME : 1:26 PM							
ORDER NO. : 676504-090							
CUSTOMER NO: 8331866							
	<b></b>						
CHANGE OF AGENT							
NAME: BCORE DEFEN	DER FL2W	02, LLC					
PLEASE RETURN THE FOLLOWING	AS PROOF	OF FILI	NG:				
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Bak	er						
	EXAMINER	'S INITIA	ALS:				

## 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. N	ame of the limited liability company:	BCORE DEFENDER FL2W02, LLC					
2. (a)	233 S. Wacker Drive, Suite 4700		(1	າ)			
2. (a)	Principal office address of limited lia (Note: MUST BE STREET A		_ (		Mailing address of limited liability company: (Note: MAX BE POST OFFICE BOX)		
	Chicago, IL 60606		<del>-</del>				
	01/11/2018			M180000	000332		
3.	Date of filing/registration in	n Florida	4.		Document number		
5. (a)	C T Corporation System						
J. (a)	Registered Agent and Registered Office sho	wn on the records of the	he Florid	a Dept. of S	tate:		
	1200 South Pine Island Road						
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<del></del>			
					<b>202</b> SEC		
	Plantation	r:	33324	,	FIL 2022 MAY 24 SECRETARY ALLAHASSEE		
	Fidilation	, FL		-	ASS ASS		
(b)			_				
` '	Enter name of NEW Registered Agent and	or NEW Registered	Office ac	ldress:			
	Corporation Service Company		_		9:27 <b>D</b>		
	NEW Registered Office Address:				~		
	1201 Hays Street						
	Tallahassee	, FL	32301				
change agent was/w	e or changes are made, the Florida structure of a will be identical. Or, in the case of a	ized under the law eet address of the Florida limited lial of the members of	s of the register bility co f the lin	ed office a ompany, in nited liabi	Florida, it is hereby confirmed that after the and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.		
/s/ J	ill Cilmi		Jill	Cilmi, Aut	horized Person		
- 0	ature of a member or authorized representative				Printed or typed name of signee		
provis the ob	ions of all statutes relative to the prop ligations of my position as registered ely reflect a change in the registered	ed agent and agre ver and complete p agent as provided office address, I h	ee to acc perform I for in ( ereby c	t in this ca ance of m Chapter 6 onfirm tha	spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been		
notified in writing of this charge. Corporation Service C							
Signati	Signature of Registered Agent Ami M. Casper, Asst. Vice President						