HISOMO IMI

(R	Requestor's Name)							
(Address)								
(^	addiess)							
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(D	ocument Number)							
Certified Copies	Certificates of	Status						
Special Instructions to Filing Officer								
J. HORNE								
MAY 2 5 2022								

Office Use Only



800388338048

2022 MAY 24 AM 9: 38 SECRETARY OF STATE TALL AHASSEE, FITTER

:: 38

INISIUM OF COMPONATIONS TALLAHASSEE, FLORIDA

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 676504 8331866								
AUTHORIZATION: Spelle man								
COST LIMIT : \$ 25.00								
ORDER DATE : May 16, 2022								
ORDER TIME: 1:24 PM								
ORDER NO. : 676504-082								
CUSTOMER NO: 8331866								
CHANGE OF AGENT								
NAME: BCORE DEFENDER FL1M01, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Eyliena Baker								
EXAMINER'S INITIALS:								

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

6 G X 10

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.	Na	me of the limited liability company: BCORE DE	FENDER	FL1M01, LL0	C 		
2.	(a)	233 S. Wacker Drive, Suite 4700		(b)			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS		
		Chicago, IL 60606					
		08/01/2018		M1800000	07067		
3.		Date of filing/registration in Florida	 4.		Document number		
5.	(a)	C T Corporation System					
J. (a	(-)	Registered Agent and Registered Office shown on the record 1200 South Pine Island Road	ls of the Flori	da Dept. of Sta	tte:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_		
		Plantation	3332 , FL_	4	_		
					_	20 1741 1741	
(b	(b)	Enter name of NEW Registered Agent and/or NEW Register				221 ECR	
		Enter name of NEW Registered Agent and/or NEW Regists	ered Office :	iddress:		HAX YAY	17
		Corporation Service Company				SECRETARY 24 SECRETARY ALLIAHASSEE	-
		NEW Registered Office Address:		- .			7
		1201 Hays Street				is is	כ
					_	38	
		Tallahassee	, FL	 -		~	
cha age wa	inge int w s/we	mited liability company is not organized under the or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the membeoles of organization or the operating agreement of	the registe d liability o rs of the li	red office an company, it i mited liabilit	nd the business office is hereby confirmed the ty company or as other	of the registered hat the change(s)	
<u>/s</u>	/ Jil	l Cilmi	Jil	l Cilmi, Autho	orized Person		
	_	ure of a member or authorized representative of a member			Printed or typed name of	ū	
I h pro the to t not	ereb ovisio obli nere ified	ny accept the appointment as registered agent and complons of all statutes relative to the proper and complons of my position as registered agent as provily reflect a change in the registered office address Lin writing of this change.				e to comply with t iliar with and acc sument is being fil ompany has been	he ept led
	\mathcal{C}	er. M Lew	•	ion Service	• •		
Sig	natur	e of Registered Agent	Aun Mr.	Lasper, ASS	st. Vice President		