

M190000001859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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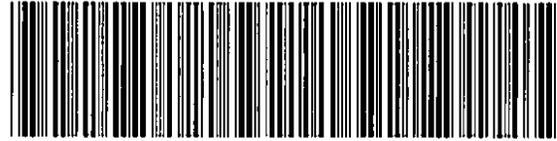
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

T.G.  
03/07/19



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

Account#: I20000000088

Date: 03/06/2019

Name: MICHAEL PETERSON

Reference #: 1054280

Entity Name: BRIDGE POINT MIRAMAR, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other Certified Copy

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Authorized Amount: \$55

Signature: *Michael Peterson*

CORPORATE HQ  
COGENCY GLOBAL INC.  
10 F 40TH ST, 10TH FL  
NY, NY 10016  
D: +1.212.947.7200  
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EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
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REGISTRY #801072  
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A HONG KONG LIMITED COMPANY  
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**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: Bridge Point Miramar, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

*(Principal office address  
MUST BE A STREET ADDRESS)* \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

*(Mailing address  
MAY BE A POST OFFICE BOX)* \_\_\_\_\_

2. The Florida document number of this limited liability company is: M19000001859

3. Jurisdiction of its organization: \_\_\_\_\_

4. Date authorized to do business in Florida: February 21, 2019

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
*City Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
*If Changing Registered Agent, Signature of New Registered Agent*

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

| <u>Title/Capacity</u> | <u>Name</u>    | <u>Address</u>                                        | <u>Type of Action</u>                   |
|-----------------------|----------------|-------------------------------------------------------|-----------------------------------------|
| _____                 | _____          | _____                                                 | <input type="checkbox"/> Add            |
| _____                 | _____          | _____                                                 | <input type="checkbox"/> Remove         |
| VP                    | John Maduros   | 1000 W Irving Park Road, Suite 150, Itasca, IL 60143  | <input checked="" type="checkbox"/> Add |
| _____                 | _____          | _____                                                 | <input type="checkbox"/> Remove         |
| VP                    | Steve Poulos   | 1000 W Irving Park Road, Suite 150, Itasca, IL 61043  | <input checked="" type="checkbox"/> Add |
| _____                 | _____          | _____                                                 | <input type="checkbox"/> Remove         |
| VP                    | Anthony Pricco | 350 West Hubbard Street, Suite 499, Chicago, IL 60654 | <input checked="" type="checkbox"/> Add |
| _____                 | _____          | _____                                                 | <input type="checkbox"/> Remove         |
| _____                 | _____          | _____                                                 | <input type="checkbox"/> Add            |
| _____                 | _____          | _____                                                 | <input type="checkbox"/> Remove         |

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9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized:

John Maduros  
 Signature of the authorized representative

John Maduros  
 Typed or printed name of signee

Filing Fee: \$25.00