M20000002446

(Requestor's Name)				
(Address)				
(Address)				
(C	ty/State/Zip/Phone #	. . .		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



200415235542

2023 SEP 13 AM 9: 27

1999 CEP 13 6M 9: 2

| RECEIVED | NEW 1971 | 129 | REF | 13 | RM 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971 | 1971



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

Account#: 120000000088

Date:	09/13/2023	_	
Name:		· · · · · · · · · · · · · · · · · · ·	
Reference #	211899	95	
	:BE/		OPERTIES, LLC
	es of Incorporation/A	uthorization to ⁻	Fransact Business
_	ge of Agent		
Reins	statement		
Conv	ersion		
☐ Merge	er		
☐ Disso	lution/Withdrawal		
Fictition	ous Name		
Other			
Authorized A	.mount:	\$25	
Signature:		mw	

F: 800.944.6607

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ	1.01,			ERTIES, LLC
	Nan	ne of Lim	ited L	iability Company
Dear S	Sir or Madam:			
The e	nclosed Registered Agent/Registered Off	ice Chan	ge and	fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter	to the	following:
	Name of Person			
	COGENCY GLOBAL INC.			
	Firm/Company			
	115 North Calhoun Street, Suite	e 4		
	Address			
	Tallahassee, FL 32301			
	City/State and Zip Code			
	dlittwin@dugganbertsch.com	1		
	E-mail address: (to be used for future ann		t notif	fication)
For fu	arther information concerning this matter.	, please c	all:	
		,		
	Name of Person	at ()
				·
	STREET/COURIER ADDRESS:			AILING ADDRESS:
	-		egistration Section	
	Clifton Building			vision of Corporations O. Box 6327
	2661 Executive Center Circle			ollahassee, Florida 32314
	Tallahassee, Florida 32301		1.4	manassec: Florida 52511
	Enclosed is a check for the following	g amount	:	
	☐ \$25 Filing Fee		□ \$	55 Filing Fee & Certified Copy
INHS	18 (2/14)			

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.	Na	me of the limited liability company:	BEAR	CUT PROPERTIES, LLC
2. (a	a)	1098 FISHER LN	(b)	1098 FISHER LN
(,	<i>,</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		WINNETKA, IL 60093		WINNETKA, IL 60093
		03/03/2020		M2000002446
3.		Date of filing/registration in Florida	4.	Document number
5. (a)	DUGGAN BERTSCH PLLC		
		Registered Agent and Registered Office shown on the records of the	t. of State:	
		875 109TH AVENUE N.		
		Registered Office Address (MUST BE FLORIDA STREET A	2028	
		Suite 302	_	P 1
		NAPLES , FL.	34108	P 13
(b)	b)	Cogency Global Inc.		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	9: 2	
		115 North Calhoun Street, Suite 4		27 111)A
		NEW Registered Office Address:		
		Tallaharraa	2220	
		Tallahassee , IFL	3230	1
the cagen was/	rha it w 'we	mited liability company is not organized under the law nge or changes are made, the Florida street address of taill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registere bility compa f the limited	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
		/S/ James M. Duggan		James M. Duggan
Sig	mat	ure of a member or authorized representative of a member		Printed or typed name of signee
prov the c to m	isio bli ere	oy accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	re to act in t performance I for in Chap ereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed on that the limited liability company has been
		/S/ Sean Chase		
Sign	atui	re of Registered Agent		