M2000011987

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(Otty/State/Zip/ Holie II)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer							

Office Use Only



600388337986

ECRETARY OF STAIL

2022 MAY 24 AM 9: 44

ZOZZ MAY ZU PH 3: 3;

A. BUTLER MAY **2 5 2022** CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 676504 8331866							
AUTHORIZATION :							
COST LIMIT : \$ 25,00							
ORDER DATE: May 16, 2022							
ORDER TIME : 1:25 PM							
ORDER NO. : 676504-084							
CUSTOMER NO: 8331866							
CHANGE OF AGENT							
NAME: BCORE DEFENDER FL1M02, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
AN LIMIT DIMILIDO COLI							
CONTACT PERSON: Eyliena Baker							

EXAMINER'S INITIALS:

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: BCORE DEFER	NDER F	L1M02, LLC		
2	(a)	233 S. Wacker Drive, Suite 4700	(b)		
	(Δ)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	-) <u></u> 1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Chicago, IL 60606				
		12/29/2020		M2000001	1987	
3.		Date of filing/registration in Florida	4 .		Document number	
5	(a)	C T Corporation System				
5.	(4)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of State	::	
		1200 South Pine Island Road				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	
					2022 Tu	
	(b)	Plantation, FI	33324	4	2022 HAY 24 SECRETAR TALLAH	
					三 	
		Enter name of NEW Registered Agent and/or NEW Registered		44	· Som A M	
		Enter name of NEW Registered Agent and/or NEW Registered	I Othice a	<u>qaress</u> :		
		Corporation Service Company			AM 9: 45 OF STATE SEE, FI	
		NEW Registered Office Address:				
		1201 Hays Street			_	
		Tallahassee, FL	32301		_	
ch ag wa the	ange ent v is/we e arti	mited 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 lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the register ability c of the lin limited	e State of Flo red office and ompany, it is nited liability liability com	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
/s/ Jill Cilmi Jill Cilmi, Aut Signature of a member or authorized representative of a member					Printed or typed name of signee	
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. Corporation Service Company						
Si	gnatu:	re of Registered Agent	t. Vice President			