P99 000 106805

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Document Number)			
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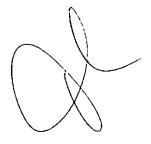


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2021, JUL 15 AM 8:58

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 529168 7560577

AUTHORIZATION

COST LIMIT : \$ 25.700 %) ()(

ORDER DATE : July 1, 2024

ORDER TIME : 10:49 AM

ORDER NO. : 529168-047

CUSTOMER NO: 7560577

CHANGE OF AGENT

NAME: BAINBRIDGE GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of c	hange is submitted for a corporation or	9502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of FL gistered agent, or both, in the State of Florida.
I. The name o	of the corporation: BAINBRIDGE GROU	JP, INC.
		LL BLVD, SUITE 5B, WELLINGTON FL 33414
3. The mailing	g address (if different):	
		Document number: P99000106805
	and street address of the current registere partment of State: (If resigned, enter resigned)	ed agent and registered office on file with the gned)
	BCRA,LLC	~
	LYNN FINANCIAL CENTER, 1905	NW CORPORATE BLVD SUITE 310 FL 33431
	BOCA RATON	FL 33431
6. The name a (if changed)		ngent (if changed) and /or registered office.
	Corporation Service Company	
	1201 Hays Street	
	PO	Box NOT acceptable
	Tallahassee	FL 32301
The street add	dress of its registered office and the stre ill be identical.	eet address of the business office of its registered agent.
Such change authorized by	was authorized by resolution duly adop the board, or the corporation has been	nted by its board of directors or by an officer so notified in writing of the change.
/s/Chris Phillips		Chris Phillips, Authorized Officer
Signa	ature of an officer or director	Printed or typed name and title
I further agre of my duties, a document is b corporation h	pt the appointment as registered agent to comply with the provisions of all s and I am familiar with and accept the o peing filed merely to reflect a change in as been notified in writing of this chan ion Service Company	tatutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the
	Signature of Registered Agent	Date
If signing on I	behalf of an entity:	
Grace E. Kirby	y, Asst Vice President Typed or Printed Name	
	* * * FILING	FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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