

A06 00000 1277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

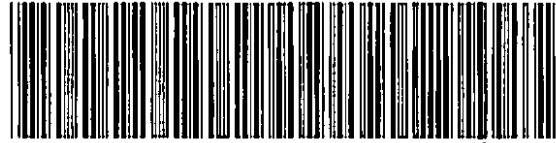
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BBB Plaza Associates, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A06000001277

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Nancy Reddin

Contact Person

Rembrandt Real Estate Solutions

Firm/Company

6001 Broken Sound Parkway, N.W., Suite 408

Address

Boca Raton, FL 33487

City, State and Zip Code

nancyreddin@myrres.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Reddin

Name of Contact Person

at (561)

Area Code and Daytime Telephone Number

994-3223

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. BBB Plaza Associates, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/20/17 3. A0600001277
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Novoseller, David, S.
Name
6001 Broken Sound Parkway, N.W., Suite 502
Address
Boca Raton, FL 33487
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Novoseller, David, S.
Name
6001 Broken Sound Parkway, N.W., Suite 408
Florida street address (P.O. Box not acceptable)
Boca Raton FL 33487
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Signature of General Partner

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.

David S. Novoseller
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED