

# AIRBORNE

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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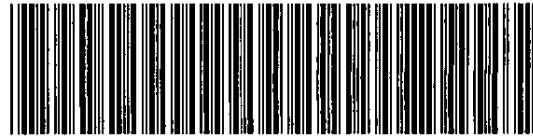
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 05 2017

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BROADCAST INSURANCE HOLDINGS, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A1700000158

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:

John O Burden  
Contact Person

BII, LLC  
Firm/Company

121 EAST MESE BLVD  
Address

WINTER PARK, FL 32789  
City, State and Zip Code

jbunden@broadcast.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Burden at ( 407 ) 256-6407  
Name of Contact Person Area Code and Daytime Telephone Number

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. BROADCAST INSURANCE HOLDINGS, LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 4/4/17 3. A17000000158  
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:

BH, LLC  
Name  
4767 NEW BROAD STREET  
Address  
ORLANDO, FL 32814  
City, State and Zip

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

BH, LLC  
Name  
121 EAST MORSE BOULEVARD  
Florida street address (P.O. Box not acceptable)  
WINTER PARK FL 32789  
City, State and Zip

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

[Signature]  
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.*

[Signature]  
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA