L14000021519

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JUN 24 2014 T. CARTER



ACCOUNT NO. : 12000000195				
REFERENCE : 133042 5152748				
AUTHORIZATION Spulle No.				
COST LIMIT : \$ 25.00				
ORDER DATE: May 14, 2014				
ORDER TIME : 2:38 PM				
ORDER NO. : 133042-105				
CUSTOMER NO: 5152748				
CHANGE OF AGENT				
NAME: BOCAR 317 - 20TH STREET, LLC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Emily Gray EXT# 62925				
EXAMINER:				

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. N	ame of the limited liability company: BOCAR 317 - 2	OTH STE	REET, LLC
2. (a)	777 Arthur Godfrey Road	(h	b) 777 Arthur Godfrey Road
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami FL 33140	·····	Miami, FL 33140
	02/07/2014		L14000021519
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	ROBERT B BALOGH		
). (u)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State:
	777 ARTHUR GODFREY ROAD		•
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	
			-
	MIAMI BEACH , FL	33140	<u> </u>
(b)	Corporation Service Company		
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	Idress:
	1201 Hays Street		•
	NEW Registered Office Address:		
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	Tallahassee F1	, 32301	I
	, 1 L	, 02001	·
the cha agent v was/wa	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members colless of organization of the operating agreement of the	the regis ability co of the limi	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
		LAU	JRA ELLINGSWORTH
	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provisi the obl to mere notified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I is din writing of this change.	ee to act performa d for in C hereby co	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Signatu	are of Registered Agent Corporation Service Company	BY: Er	Emily Gray - Assistant VP
	Division of Cornerations P.O. I	D (227	7- Tallahassa El 23214

FILING FEE: \$25.00

INHS18 (2/14)