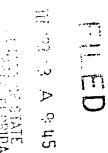
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S Warren APR 14 2017

COVER LETTER

TO: Registration Section Division of Corporations	
BW Verandahs LLC	
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Ashlee Vega	
Name of Person	
Beachwold Residential, LLC	
Firm/Company	
192 Lexington Avenue, Suite 901	
Address	
New York, NY 10016	
City/State and Zip Code	
avega@beachwold.com	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Ashlee Vega	646 354-2114
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. 1	Name of the limited liability company: BW Verandah	ns LLC
	Principal office address of limited liability company:	
	(<u>Note: MUST BE STREET ADDRESS</u>) 192 Lexington Avenue, Suite 901	192 Lexington Avenue, Suite 901
	New York, NY 10016	New York, NY 10016
	New York, NY 10010	New Tork, 141 10010
	January 21, 2016	L16000014947
3.	Date of filing/registration in Florida	4. Document number
5. (a	Registered Agent and Registered Office shown on the records of The Kammerman Law Group, P.A. Registered Office Address (MUST BE FLORIDA STREET), 790 E. Broward Blvd., Suite 201 Ft. LauderdaleFL	Office address:
	Boca RatonFI	33432
Signov the output of the control of	limited liability company is not organized under the lar hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the mature of a member or authorized representative of a member	the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company. Gideon Z. Friedman Printed or typed name of signee ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept the form that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00