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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:					
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Office Use Only



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: September 30, 2016

Order#: 296680-153

Re: BKD ISLAND LAKE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

TALLAHASSEE. I LONG

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. Na	me of the limited liability company: BKD ISLAND LA	KE, LLC	· ·	
2. (a)	111 WESTWOOD PLACE SUITE 400 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BRENTWOOD, TN 37027	_		
	04/22/2002		M020000	01029
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	C T CORPORATION SYSTEM			79
). (u)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	16 OCT -4
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		+ SE
				R
	PLANTATION ,FL_	33324		PH 2: 46
(L)	Corneration Service Company			O 12%
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered O	office add	ress:	
	•			
	1201 Hays Street			
	NEW Registered Office Address:			
	Tallahassee , FL_	32301		
he char gent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liable.	he regist pility cou the limi mited li	ered office npany, it is ted liability ability com	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in spany.
Signat	ure of a member or authorized representative of a member	JIII C	imi, Author	rized Person Printed or typed name of signee
I hereb provision he obli o mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	erforma for in C ereby co	nce of my c hapter 605 nfirm that i	acity. I further agree to comply with the

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