M630000004204

(Requestor's Name)							
(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:							
	•						

Office Use Only



800289542898

10/04/16--01026--021 **25.00



D. SCOTT OCT 0 6 2016



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#: 296682-050

Re: BLC FORT MYERS-GC, 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



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: B	LC FORT MYE	RS-GC,	LLC	
2. (a	a) _	111 WESTWOOD PLACE SUITE 400		_ (b)	<u> </u>
		Principal office address of limited liabili (Note: MUST BE STREET ADD		_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		BRENTWOOD, TN	37027	_		
		12/17/2003		-	M03000	0004204
3.		Date of filing/registration in Fl	orida	4.		Document number
5. ((a)	C T CORPORATION SYSTEM				<u></u>
		Registered Agent and Registered Office shown of	on the records of th	e Florida	Dept. of S	tate:
		1200 SOUTH PINE ISLAND ROAD				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			ECREE V	
		PLANTATION	, FL_	33324		
(b)	h)	Corporation Service Company				
· ·	· ,	Enter name of NEW Registered Agent and/or N	NEW Registered C	Office add	lress:	- : 26
		1201 Hays Street				
		NEW Registered Office Address:				
		Tallahassee	Ei	32301		_
the o agen was/	t w we	mited liability company is not organized nge or changes are made, the Florida stroil be identical. Or, in the case of a Flower authorized by an affirmative vote of the offices of organization or the operating agr	l under the laws eet address of t rida limited liab the members of	s of the he regis pility co	tered off mpany, i ited liabi	Florida, it is hereby confirmed that after fice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
		Ju C. Whi		Jill C	ilmi, Aut	horized Person
I he prov the o to m notij	reb visio obli vere fieq	ov accept the appointment as registered on so fall statutes relative to the proper igations of member of statutes relative to the proper igations of my position as registered agely reflect a change in the registered officing writing of this change. The of Registered Agent Corporation Service	agent and agre and complete p ent as provided ce address, I he	performo for in C preby co	ance of m Thapter 6 Onfirm the	Printed or typed name of signee apacity. I further agree to comply with the ty duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been Kirby, Assistant Vice President