Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000435599 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

_			
7	$\overline{}$	٠	
- 1	L J		

Division of Corporations

fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC REGISTERED AGENT CHANGE BEL MIRAMAR LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

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	nme of the limited liability company: BEL MIRAMAR	LLC		
2. (a)	C/O EATON VANCE MANAGEMENT	ſ	(b) C/O EATON VANCE MANAGEMENT	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	TWO INTERNATIONAL PLACE		TWO	INTERNATIONAL PLACE
	BOSTON, MA 02110	_	BOST	FON. MA 02110
	06/29/2017		м1700	0005548
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPORATION SERVICE COMPANY			
. (u)	Registered Agent and Registered Office shown on the records of t	he Floric	a Dept. o	f State:
	1201 HAYS STREET			
	Registered Office Address GMUST BE FLORIDA STREET A	<u>DDRES</u>	<u>S)</u>	· ·
	TALLAHASSEE	32301-1	1525	
				
(b)	C T Corporation System			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered 6</u>	Officent	ldress:	
				~1
	NEW Registered Office Address:		•	
	1200 South Pine Island Road			
				
	Plantation ,FL_	33324		
the cha agent was/we the arg	imited liability company is not organized under the law inge or changes are made, the Florida street address of in the case of a Florida limited lial are authorized by an affirmative vote of the members of the operating agreement of the law.	s of the the reg bility c f the lir limited	istered company nited lia liability	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
	file of a method of authorized representative of a member			Printed or typed name of signee
I here, provisi the obl to mero notified By:	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I have I'm writing of this change. C.T. Corporation System C.T. Corporation System C.T. Corporation System	ve to ac verforn I for in ereby c	t in this 1ance of Chapter onfirm i	canacity. I further garge to comply with the