M17000006369

(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Decision Satish Mana)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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SECRETARY OF STATE
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OCT 2 9 2018 S. YOUNG

COVER LETTER

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TO: Registration Section Division of Corporations			
BW DAVENPORT LLC SUBJECT:			
	ne of Limited L	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the	following:	
ASHLEE VEGA			
Name of Person			
BEACHWOLD RESIDENTIAL, LLC			
Firm/Company		<u> </u>	
192 LEXINGTON AVENUE, SUITE 90°	1		18 SEC JAL
Address		_	NA 120 H
NEW YORK, NY 10016			FILED CT 18 M 7: 09 TAM OF STATE HASSEE, FLORID
City/State and Zip Code		_	MI 7: 05 NE STATE FLORIDA
AVEGA@BEACHWOLD.COM			7: 05 ATE ORIDA
E-mail address: (to be used for future ann	iual report notif	ication)	,
For further information concerning this matter,	please call:		
ASHLEE VEGA	646	354-2114	
Name of Person	at (Area Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, 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

١.	Na	me of the limited liability company: BW DAVENI	PORTL	.L —	C	
2. (a)		(b)		
• •		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			-	ss of limited liability company: Y BE POST OFFICE BOX)
		192 LEXINGTON AVENUE, SUITE 901			·	AVENUE, SUITE 901
						<u> </u>
		NEW YORK, NY 10016		· -	NEW YORK, NY	10016
		07/24/2017			M17000006369	
3.		Date of filing/registration in Florida	4.	_	Document	number
5. ((a)	The Kammerman Law Group, P.A.				
J. ((,	Registered Agent and Registered Office shown on the records of	f the Florid	la I	Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES	S		
		123 NW 13th Street, Suite 312				
		Boca Raton . F.	33432	<u>-</u>		18 14L
		South Oxford Management LLC				BOI FI
(b)		Enter name of NEW Registered Agent and/or NEW Registered Office address:			ress:	I B RED
						1.2 · c
		NEW Registered Office Address:		_		7: 05 51ATE LORIDA
		3701 Danforth Drive #804				S A
		- Control Bullion Blive noo4				
		Jacksonville , F	32224	↓		
the e ager was	cha it v /wc	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of granization or the operating agreement of the	f the reg iability e of the lir	ist :01 mi	ered office and the bu npany, it is hereby co ted liability company	usiness office of the registered infirmed that the change(s)
		9 3 2	Gi	d٤	eon Z. Friedman	
Si	gnat	ture of a member or authorized representative of a member			Printed or ty	yped name of signee
prov the c to m noti	visi obl. iere fiec	by accept the appointment as registered agent and agens of all statutes relative to the proper and completing igations of my position as registered agent as providely reflect a change in the registered office address. If in writing of this change	ree to ac e perforn ed for in hereby c	rt i na Ci 20	in this capacity. I fur nce of my duties, and hapter 605, F.S. Or, nfirm that the limited	ther agree to comply with the I am familiar with and accept if this document is being filed liability company has been