

**M13000004116**

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*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  
BW SLC REAL ESTATE HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
13 JUL -9 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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13 JUL -9 AM 7:48  
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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BW SLC REAL ESTATE HOLDINGS LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESSICA ENTREKIN

Name of Person

Adams and Reese LLP

Firm/Company

Post Office Box 1348

Address

MOBILE AL 36633

City/State and Zip Code

jessica.entrekin@arlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA ENTREKIN at (251) 433-3234

Name of Person

Area Code and 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

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy

☒ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2R123(8/07)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: BW SLC REAL ESTATE HOLDINGS LLC
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS) 40 SW 10 Street  
Cross City, Florida 32628
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX) 40 SW 10 Street  
Cross City, Florida 32628
3. Date of filing/registration in Florida: JUNE 28, 2013
4. Document number: M13000004116
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: Adams and Reese LLP  
Registered Office Address: 2457 CARE DRIVE  
TALLAHASSEE FL 32308
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: C.T Corporation System  
NEW Registered Office Address: 1200 South Pine Island Road  
(MUST BE FLORIDA STREET ADDRESS) Plantation FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

KYLE S. NAVARRO

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By: C.T. Corporation System Assistant Secretary  
Signature of Registered Agent

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

INHS18 (05/08)

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