356740

(Requestor's Name)				
(Address)				
(Address)				
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Cit	ty/State/Zip/Phone	- #N		
(Cit	y/State/Zip/Filolit	⇒ π)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
	•	•		
	cument Number)			
(50	oumont (vumber)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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Office Use Only



10/19/06--01048--001 **35.00

FILED

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SECRETARY OF STATE

of change

COVER LETTER

Division of Corporations				
SUBJECT: BKH HOLDING CORP. (Name of Corpor	ation)			
DOCUMENT NUMBER: 356740				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
IOEL HIRSCHHORN (Name of Contact)	Poweron			
(Name of Contact Person)				
HIRSCHHORN & RIFRER, P. A. (Firm/Company)				
550 BILTMORE WAY, PENTHOUSE THREE A				
(Address)				
CORAL GABLES, FI	. 33134			
(City/State and Zip Code)				
For further information concerning this matter, please call:				
JOEL HIRSCHHORN at (Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		in organized under the laws of the State of ${ t Flor}$ in registered agent, or both, in the State of Florida		
1. The name of the	BKH HOLI	DING CORP		
	•	iltmore Way, Penthouse Three A		
	Coral	Gables, FL 33134		
3. The mailing ac	ddress (if different):			
4. Date of incorp	oration/qualification: 12/15/6	69 Document number: <u>356740</u>		
5. The name and Florida Depart		stered agent and registered office on file with the		
	JOEL HIRSCH	HORN	66	
	2600 Douglas Road, Penthouse 1			
	Coral Gables, FL 33134			
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office	AM 8: 52 Of State E. Florida	
	550 Biltmor	re Way, Penthouse Three A	10 A	
	Coral Gable (P.O. Box NOT a	es, FL 33134		
,	<u> </u>			
The street address as changed will l	ss of its registered office and the	e street address of the business office of its regis	stered agent,	
Such change was authorized by the	authorized by resolution duly a board, or the corporation has b	adopted by its board of directors or by an office been notified in writing of the change.	er so	
	e or an orneo- or director)	JOEL HIRSCHHORN (Printed or typed name and title)		
I hereby accept t I further agree to of my duties, and document is bein	ha annointment on registered as	gent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered ager ge in the registered office address, I hereby con	performance it. Or, if this firm that the	
		10/16/06		
(Sign	ature of Registered Agent)	(Date)	,	
If signing on beh	alf of an entity:			
	IRSCHHORN ped or Printed Name)	-		
(iy		NG FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)