

A07000000308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

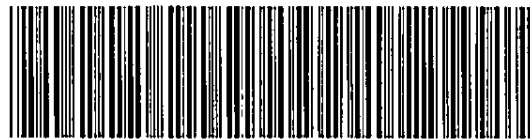
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 31 2017
J. HARRIS



6001 Broken Sound Parkway, N.W.
Suite 408
Boca Raton, FL 33487

Office: 561-994-3223
Email: nancyreddin@myrres.com

October 24, 2017

FLORIDA DEPARTMENT OF STATE

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ATTENTION: Registration Section, Division of Corporations

RE: Address Change for Registered Agent

- The address has changed for each of the business entities listed below

<i>Business Name</i>	<i>Florida Document Number</i>
<i>Rembrandt Real Estate Solutions</i>	<i>A07000000308</i>
<i>BBB Plaza Associates, Ltd.</i>	<i>A06000001277</i>
<i>5295 Town Center Road Associates, Ltd.</i>	<i>A14000000410</i>
<i>5295 Town Center Road GP, Ltd.</i>	<i>A14000000409</i>
<i>DSN Holdings 5295, Inc.</i>	<i>P14000065448</i>
<i>6001 BSP Associates, Ltd.</i>	<i>A14000000628</i>
<i>DSN Holdings 6001 GP, Ltd.</i>	<i>P14000092441</i>
<i>DSN Holdings, Inc.</i>	<i>P04000096676</i>

- Enclosed please find the following required documents/items for each of the business entities listed above:
 - Cover Letter - Form #INH04 (01/06) – *(Completed form)*
 - Limited Partnership or Limited Liability Limited Partnership Statement of Change of Registered Office or Registered Agent, or Both - form– *(Completed form)*
 - \$35.00 check
- If you need further information, please do not hesitate to contact me.
- Thank you.

Regards,

Nancy Reddin

Assistant Property Manager

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rembrandt Real Estate Solutions
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A07000000308

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Nancy Reddin
Contact Person
Rembrandt Real Estate Solutions
Firm/Company
6001 Broken Sound Parkway, N.W., Suite 408
Address
Boca Raton, FL 33487
City, State and Zip Code
nancyreddin@myrres.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Reddin at (561) 994-3223
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Rembrandt Real Estate Solutions
Name of Limited Partnership or Limited Liability Limited Partnership
2. 09/20/17 3. A07000000308
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

DSN Holdings, Inc.
Name
6001 Broken Sound Parkway, N.W., Suite 502
Address
Boca Raton, 33487
City, State and Zip

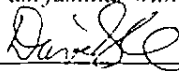
5. The name and Florida street address of the new registered agent and/or office:

DSN Holdings, Inc.
Name
6001 Broken Sound Parkway, N.W., Suite 408
Florida street address (P.O. Box not acceptable)
Boca Raton FL 33487
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Signature of General Partner

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.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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