

AIR MAIL

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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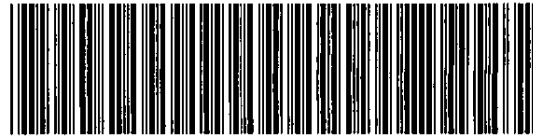
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROADCAST INSURANCE HOLDINGS, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A1700000158

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:

John O Burden

Contact Person

BIM, LLC

Firm/Company

121 EAST MESE BLVD

Address

WINTER PARK, FL 32789

City, State and Zip Code

jbunden@broadcast.com

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

For further information concerning this matter, please call:

John Burden

Name of Contact Person

at (407) 256-6407

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. BROADCAST INSURANCE HOLDINGS, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 4/4/17 3. A17000000158
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:

BH, LLC
Name

4767 NEW BROAD STREET
Address

ORLANDO, FL 32814
City, State and Zip

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

BH, LLC
Name

121 EAST MORSE BOULEVARD
Florida street address (P.O. Box not acceptable)

WINTER PARK FL 32789
City, State and Zip

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

[Signature]
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]
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA