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(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel O'hayer rachel.ohayer@cscglobal.com

Date: February 1, 2019

Order#: 610772-005

Re: B.E. BLANK & CO LP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

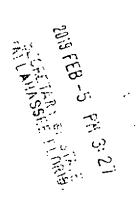
XX Please return evidence to the following:

Attn: Rachel O'hayer c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA. XCOA



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	B.E. BLAN	<u>IK & CO LP</u>) 		
	Name of Limited Partnership or Lin	nited Liability Li	mited Partnership	р	
2	01/11/2018		B180000	00009	
Date of fil	Date of filing/registration in Florida		Florida document number		
4. The name of the Department of Stat	e registered agent and the registered e:	office address as	shown on the re-	cords of the F	lorida
	BLANK, BE	NJAMIN E			
	Nai	ne			D 2
	777 S FLAGLER D	R, STE 800 V	VEST	ي ج	2013
	Add	ress		∑ 2	EB
	WEST PALM BEA	CH FL	33401	HASSE	- 5 - 5
	City, State	and Zip		69 25 20	
5. The name and F	lorida street address of the new reg	istered agent and/	or office:		PH Q:
	Corporation Ser	vice Compar	ıy		~>
	Nar	ne			1
	1201 Hay	s Street			
	Florida street address (P.	O. Box not accep	itable)		
	Tallahassee	FL_	32301		
	City, State	and Zip			
6. Such change(s)	is/are effective when filed by the Fl	orida Department	of State,		
		•			
Signature of Genera	al Portner				
	ik, Manager of BEB Partners LL0	Cits General P	artner		
I hereby accept the	appointment as registered agent an	d agree to act in	this capacity. If	urther agree	to
comply with the pro	ovisions of all statutes relative to the	proper and com	plete performano	e of my dutie.	s,
and I am familiar w	rith an accept the obligations of my ation Service Company	position as regist	ered agent.		
By: Thorpon	and Service Company				
Signature of Registe	ered Agent				
Grace E. Kirt	by, Asst. Vice President				
Filing Fee:	\$35.00				
Certified Copy					