

F19000003733

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

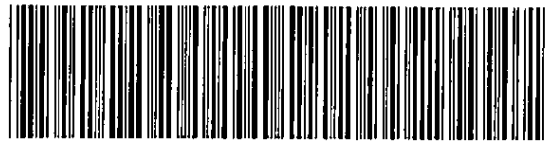
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2019 AUG 16 AM 10:20

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C. GOLDEN  
AUG 21 2019

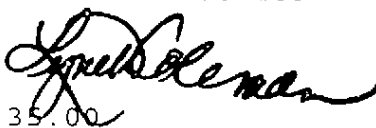
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 887416 7387459

AUTHORIZATION :

COST LIMIT : \$ 35.00



ORDER DATE : August 15, 2019

ORDER TIME : 11:16 AM

ORDER NO. : 887416-005

CUSTOMER NO: 7387459

CHANGE OF AGENT

NAME: BOF-V AL CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BOF-V AL Corp.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F19000003733

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:

Christine Raymond

\_\_\_\_\_  
Name of Contact Person

Bayview Asset Management, LLC

\_\_\_\_\_  
Firm/Company

4425 Ponce de Leon Blvd., 5th Fl.

\_\_\_\_\_  
Address

Coral Gables, FL 33146

\_\_\_\_\_  
City/State and Zip Code

christineraymond@bayview.com

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

For further information concerning this matter, please call:

Christine Raymond

at ( 305 ) 341-5598

\_\_\_\_\_  
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



**RESUBMIT**

Please give original  
submission date as file date.

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2019

CORPORATION SERVICE COMPANY

SUBJECT: BOF-V AL CORP.  
Ref. Number: F19000003733

We have received your document for BOF-V AL CORP. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Please correct the date of incorporation and list the complete principal office address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 419A00017046

19 AUG 10 PM 4:26

CG

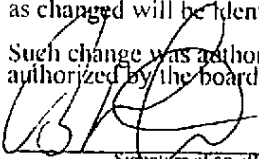
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: BOF-V AL Corp.
2. The principal office address: 4425 Ponce de Leon Blvd., 5th Fl.  
Coral Gables, FL 33146
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: Aug. 13, 2019 Document number: F19000003733
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
Corporation Service Company  
1201 Hays Street  
Tallahassee FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Brian E. Bomstein  
4425 Ponce de Leon Blvd., 5th Fl.  
Coral Gables FL 33146  
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Brian E. Bomstein Sr. Vice President  
\_\_\_\_\_  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

By:   
\_\_\_\_\_  
Signature of Registered Agent

August 14, 2019  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Brian E. Bomstein  
\_\_\_\_\_  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

2019 AUG 16 AM 10:20

FILED