

F21000000984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

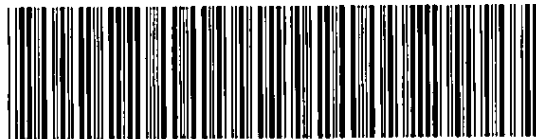
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 MAR 17 AM 9:35
TALLAHASSEE, FL
TALLAHASSEE COUNTY

Amend

MAY 17 2021
ALBRITTON

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

ACCOUNT NO. : I20000000195
REFERENCE : 813248 8311161
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : May 13, 2021
ORDER TIME : 9:08 AM
ORDER NO. : 813248-005
CUSTOMER NO: 8311161

FOREIGN FILINGS

NAME: BHI RESIDENTIAL SHORT TERM
CORPORATION

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 MAY 14 PM 2:08

TALLAHASSEE, FLORIDA

March 25, 2021

EYLIENA BAKER
CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: BHI RESIDENTIAL SHORT TERM CORPORATION
Ref. Number: F21000000984

We have received your document for BHI RESIDENTIAL SHORT TERM CORPORATION 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 complete the attached amendment form for this foreign corporation.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 821A00006266

March 17, 2021

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BHI RESIDENTIAL SHORT TERM CORPORATION
Name of Corporation

DOCUMENT NUMBER: F21000000984

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW DOWGIN
Name of Contact Person

BHI RESIDENTIAL SHORT TERM CORPORATION
Firm/Company

1550 LARIMER ST. SUITE 312
Address

DENVER, CO 80202
City/State and Zip Code

mdowgin@dzydreamapts.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW DOWGIN at (970) 302-1491
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 310
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F21000000984

(Document number of corporation (if known))

BHI RESIDENTIAL SHORT TERM CORPORATION

(Name of corporation as it appears on the records of the Department of State)

DELAWARE

(Incorporated under laws of)

2/18/21

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? N/A

5. N/A
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction

N/A

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

N/A

(Florida street address)

New Registered Office Address

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

Signature of New Registered Agent, if changing

2021 MAR 17 AM 9:35
TALLAHASSEE, FL

FILED

9. If the amendment changes person, title or capacity in accordance with 607.1504(4), indicate that change

Title/Capacity	Name	Address	Type of Action
VP of FL Brokerage	William Garrett	405 S. Dale Mabry Hwy #307 Tampa, FL 33609	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

0 Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

MATTHEW DOWGIN

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00