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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BDPB Dadeland, LLC (Name of Limit	ited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	· · · · · · · · · · · · · · · · · · ·
Linda C. Kerr	
(Name of Person)	07 SEOTALL
Genauer & Associates, P.A. (Firm/Company)	MAY 24 / CRETARY CLAHASSEE
9400 South Dadeland Blvd., Suite 600 (Address)	PLED '24 AM II: 59 ASSEE FLORIDA
Miami, FL 33156 (City/State and Zip Code)	
For further information concerning this matter, p	please call:
	(786) 363-4001
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	mount:
\$25 Filing Fee	S55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability	y company is: BDPB Dadeland, LLC
2. The mailing address of the limi	ted liability company is: 200 South Biscayne Blvd., 6th Floor
Miami, FL 33131	
March 29, 2000	L00000003574
3. Date of filing/registration in Flo	orida 4. Document number
5. The name of the registered agen Florida Department of State:	t and the registered office address as shown on the records of the
A	lhambra Registered Agents, Inc. Name
% M	Address Plaza, Address Plaza, Address
Suite	Address e 1202, Coral Gables, Florida 33134 City, State and Zip
6. The name and address of the ne	w registered agent and/or office: GenLaw Registered Agents, Inc. Name
	GenLaw Registered Agents, Inc.
	Name Division
9400	South Dadeland Blvd., Suite 600
Florida	street address (P.O. Box NOT acceptable)
]	Miami FL 33156
	City, State and Zip
confirmed that after the change or and the business office of the regis liability company, it is hereby con-	
(Signature of a member or authorized represe	ntative of a member)
Martin J. Genauer, Authorize (Printed or typed name of signee)	
	s registered agent and agree to act in this capacity. I further agree to tatules relative to the proper and complete performance of my duties, the obligations of my position as registered agent as provided for in ment is being filed to merely reflect a change in the registered office limited liability company has been notified in writing of this change.
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00