2010000/6/72

(Requestor's Name)	_			
(Address)	_			
(Address)	_			
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:	7			





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Mr. 4. All 8:27

601-16172 Ol

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: BHRS, LLC					
	(Name of corporation)		_		
DOCUMENT NUMBER: L01000	016172			,	
The enclosed Statement of Change of	of Registered Office/Agent	and fee are submitted for fi	ling.		
Please return all correspondence con	cerning this matter to the	following:			
James P. Schooley, Esq.					
(Name of person	on)		-		
Schooley & Associates, Inc.					
(Name of firm/com	pany)				
1635 N. Bayshore Dr. # 104					
(Address)		± <u>-</u>			
Miami, FL 33132-1215					
(City/state and zip	code)	•			
For further information concerning t	his matter, please call:		1)4 12	03 S	
James P. Schooley, Esq.	at (305)_	375-8139 daytime telephone number)	14	- TO	_
(Name of person)	(Area code &	daytime telephone number)	\$14	****	
Enclosed is a \$35.00 check made page	yable to the Department of	f State.		03 SEP - 1 - AM 6: 27	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399				

CR2E045(07/02)

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

	-	02, 617.0502, 607.1508, or 617.1508, F oration organized under the laws of the S	
Florida	in order to change its re	gistered office or registered agent, or be	oth, in the State
<i>of Florida.</i> 1. The name o	of the corporation: BHRS, LLC		
2. The principa	al office address: 342 Lake June	Road, Lake Placid, FL 33852	
	···		
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 10/17/	2000 Document number:L01	000016172
	nd street address of the current re- partment of State: Ronald R. Feildstone	gistered agent and registered office on file	e with the
	201 Alhambra Circle # 601		
	Coral Gables, FL 33134		
6. The name a changed):	and street address of the new rejudence of the new	gistered agent (if changed) and /or regis	stered office (if
	1635 N. Bayshore Dr. # 104		· · · · · · · · · · · · · · · · · · ·
	•	mail mailbox NO1 acceptable)	
	Miami, FL 33132-1215		201 1
The street add agent, as chan	ress of its registered office and the ged will be identical.	he street address of the business office o	of its registered.
Such changé v authorizejí by	was authorized by resolution duly	y adopted by its board of directors or by seen notified in writing of the change.	an officer so [⊕] ∾
PA	cer, chairman or vice chairman of the board)	Brian Hawthome, President (Printed or typed name and title)	
l further agréé performance d	e to comply with the provisions o of my duties, and I am familiar w	agent and agree to act in this capacity of all statutes relative to the proper and c ith and accept the obligation of my posi of filed merely to reflect a change in the r ration has been notified in writing of thi	tion as
sand	Tholey	August 29, 2003	-
	(Signature of Registered Agent)	(Date)	
If signing on beh	an oran enuty:		
	(Typed or Printed Name)	(Capacity)	

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