FAX NO. 561 833 7700

P. 01/02

Division of Corporations

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Account Name : EDWARDS & ANGELL Account Number : 075410001517

Phone : (561)833-7700

Fax Number : (561)655-8719

02 APR 30 AM 8: 51
SECRE PARY OF STATE
PALLAHASSEC FLORIDA

W2-9601

REGISTERED AGENT CHANGE

BHC PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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

rursuant 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 company is: BHC Partners, LLC
2. The mailing address of the limited liability company is: 4524 Gun Club Road
Suite 212, West Palm Beach, Florida 33415
April 22, 2002
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: G.E. Young, P.A.
c/o Edwards & Ángell, LLP
Namc One North Clematis Street, Suite 400
Address Pel- Persh TV 11 county
Address West Palm Beach, Florida 33401 City, State and Zip
6. The name and address of the new registered agent and/or office:
Angell Corporate Services, Inc.
Angell Corporate Services, Inc. Name One North Clematis Street, Suite 400
Florida street address (P.O. Box NOT acceptable)
West Palm Beach FL 33401
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signifyer of J.
(Signature of a premiur or authorized representative of a member)
(Printed or typed name of signee)
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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the 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

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