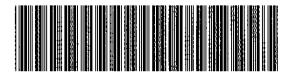
## L03000011418

•		
(Requestor's Name)		
(Address)		
(Address)		
(Address)		
· (Cit	ty/State/Zip/Phone	#)
<b>\</b>	· · · · · · · · · · · · · · · · · · ·	,
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e) .
	A North A	
(00	ocument Number)	
Certified Copies Certificates of Status		
'	_	
Special Instructions to	Filing Officer:	
opeoidi maddedona to	Timing Citicon	1
,		
		ļ
L		





000121810530

04/17/08--01947--008 \*\*75.00

OB APR 17 AM 10: 17
SECRETARY OF STATE
SECRETARY OF STATE

## 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.

and the second s
1. The name of the limited liability company is: BIP Evernia Holdings, LLC
2. The mailing address of the limited liability company is : 1110 Brickell Avenue, Suite 800
Miami, Florida 33131
3/31/03 L03000011418
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:
Marshall R. Pasternack, P.A.
The state of the s
200 South Pinnoyne Boulevard Suite 2500
Address Address
Audress Audress
Miami, Florida 33131
City, State and Zip
6. The name and address of the new registered agent and/or office:  \[ \frac{\pmathbb{T}}{2\ldots} \frac{\pmathbb{D}\ldots}{2\ldots} \pm
INZIGNE DICLON
Name
1110 BRICHELL NU #800
Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33131
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.  (Signature of a member or authorized representative of a member)
ENRIDE DICLON (Printed or typed name of signec)
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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or iffinis 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)
to Busines of tregistered rights)

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