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T-140 P001/002 F-222



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To:

Division of Corporations

Pax Number : (850)205-0380

Prom:

Account Name : GREENSPOON MARDER, P.A.

Account Number : 119990000182

; (954)491-1120 Phone Fax Number : (954)267-8013

REGISTERED AGENT CHANGE

BLI-02, LLC

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T-140 P002/002 F-222

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

Pursuant to the provi liability company sub- agent, or both, in the S	isions of sections 608,416 c mits the following statement State of Florida.	or 608.308, Florida Statutes, th in order to change its register	e undersigned limited ed office or registered
	nited liability company is:		·,
		pany is: 2058 NW 141st Ave	nue
Pembroke Pines, F			
April 4, 2003		L03000012275	<u> </u>
3. Date of filing/regis	registration in Florida 4. Document num		
5. The name of the reg Florida Department	of State:	red office address as shown on th	ne records of the
	Gene K. Glasser, Esc	<u> </u>	
	2021 Tyler Street	Vame .	1
	Ad Hollywood, Florida 33	ddress 3020	07 M SECH
	City, St	ate and Zip	HAN I
6. The name and addre	ess of the new registered ages	nt and/or office:	1.0 ASSE
	Gene K. Glasser, Esc	 1	iu ⊂ → iu
	100 West Cypress Cr	me eek Road, Suite 700	AHII: DI
	Florida street address (P.O. Box NOT acceptable)	<u> </u>
	Ft. Lauderdale	FL 33309	
	City, Sta	te and Zip	
confirmed that after the and the business office liability company, it is the members of the linthe operating agreeme	the change or changes are made of the registered agent will hereby confirmed that the claim of the limited liability companyor as not of the limited liability con	der the laws of the State of Flori le, the Florida street address of the be identical. Or, in the case of a hange(s) was/were authorized by otherwise provided in the article opany.	ne registered office Florida limited an affirmative vote of
(Signature of a member or au	thorized representative of a momber)	1.18.00 1.100	
James Hill			
(Printed or typed name of sig			
I hereby accept the ap comply with the provi- and I am familiar with Chapter 108, F.S. Or address I hereby conf	pointment as registered age tions of all statutes relative to and accept the obligations of this document is being file trafithat the limited liability	nt and agree to act in this capac o the proper and complete perfor of my position as registered age ed to merely reflect a change in company has been notified in wr	ity. I further agree to rmance of my dulies, it as provided for in the registered office iting of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)