## L0400002933

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	>#)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800041836308

11/01/04--01015--019 \*\*35.00

2004 NOV 16 AN 10: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA

La 11/17/01

വ



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 3, 2004

JULIE BOLT BJW RENTAL PROPERTIES, LLC PO BOX 451113 SUNRISE, FL 33345-1113

SUBJECT: BJW RENTAL PROPERTIES, LLC

Ref. Number: L04000029333

We have received your document for BJW RENTAL PROPERTIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted was for a corporation, but your entity is an LLC. Please complete and return the enclosed LLC form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 304A00063166

## **COVER LETTER**

Division of Corporations		
SUBJECT: BJW RENTAL PROPERTIES, LLC	, a · · ·	· ' "
(Name of corporation)		
DOCUMENT NUMBER: L04000029333		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
JULIE BOLT	TAS 智	į
(Name of contact person)		
•	E E	
BJW RENTAL PROPERTIES, LLC	AR SSS	FILED
(Firm/Company)	3.5.0 7.0.0	, 111
		E
PO BOX 451113	POTA ORA ORA	FILED
(Address)	등~	<u> </u>
	, <u>-</u>	
SUNRISE, FL 33345-1113		
(City/state and zip code)	# ·· ·	
For further information concerning this matter, please call:		
JULIE BOLT at (954 ) 389-9700		
(Name of contact person) (Area code & daytime telephone nu	ımber)	
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address		

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

## 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 state of t
1. The name of the limited liability company is: BTW Kental Properties, [C.
2. The mailing address of the limited liability company is: P.O. BOX 457113
Sunrise, FC 33345.
4-5-2014 20400009233
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:
DROW A/W With Cf
Lauderhill JU 3335/ City, State and Zip
6. The name and address of the new registered agent and/or office:
Name Name Plorida street address (P.O. Box NOT acceptable)
City, State and Zip
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)
Tit a. It
(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 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, 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.

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

FILING FEE: \$25.00

INHS18(10/99)

(Signature of Registered Agent)