

**L04000068701**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

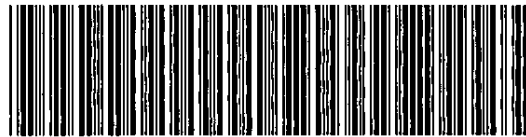
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2017 JUN 12 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUN 13 2017  
**J. HARRIS**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BHG-79th St LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel L. Tabas

\_\_\_\_\_  
Name of Person

Tabas & Soloff, P.A.

\_\_\_\_\_  
Firm/Company

25 SE 2nd Avenue, Suite 248

\_\_\_\_\_  
Address

Miami, Florida 33131

\_\_\_\_\_  
City/State and Zip Code

jtabas@tabassoloff.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel L. Tabas

at ( 305 ) 375-8171

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

7490065  
HOT  
987-00-63180.00  
\$25<sup>00</sup>  
pg 1 of 2

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

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: BHG-79th St LLC
2. (a) Tabas & Soloff, P.A.  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
25 S.E. 2nd Ave., Suite 248  
Miami, Florida 33131  
9-21-04
- (b) Tabas & Soloff, P.A.  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
25 S.E. 2nd Ave., Suite 248  
Miami, Florida 33131  
L04000068701

3. Tabas & Soloff, P.A. Date of filing/registration in Florida  
4. Tabas & Soloff, P.A. Document number

5. (a) Tabas & Soloff, P.A.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

14 NE 1st Ave., PH

Miami, FL 33132

- (b) Tabas & Soloff, P.A.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

25 S.E. 2nd Ave., Suite 248

Miami, FL 33131

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

Joel L. Tabas

Printed or typed name of signer

*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 605, 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**

**FILING FEE: \$25.00**

**FILED**  
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