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T. Hampton NOV 1 3 2007

COVER LETTER

TO: Registration Section				
Division of Corporations				
١,	•			
SUBJECT: BH-FFS, LLC	·			
(Name of I	imited Liability Company)			
·				
Dear Sir or Madam:				
The anclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.			
The choicean regime of regime to glame of	THOO CHARLES WITH 1996 BY ME OROTHINGS NOT WITH B.			
Please return all correspondence concerning	this matter to the following:			
-				
Peggy M. Barker, Esq.	•			
(Name of Person)				
Ç 3300 01 2 3 2 3 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
Male A Deffer LLD				
Kohnen & Patton LLP (Firm/Company)				
(rum/Company)	•			
201 E. Fifth Street, Suite 800				
(Address)				
Cincinnati, Ohio 45202				
(City/State and Zip Code)				
For further information concerning this matter whose calls				
For further information concerning this matter, please call:				
Peggy M. Barker	at (513) 381-0656			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
i ditaliassee, Piolius 32301				
Enclosed is a check for the following amount:				
[7] \$25 tilling tree				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (8/05)

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

Pursuant to the provise liability company submagent, or both, in the St.	ions of sections its the following ate of Florida.	s 608.416 or 608.508, Florida St g statement in order to change it:	nutes, the undersigned limited registered office or registered
1. The name of the limi	ited liability con	npany is: BH-FFS, LLC	
2. The mailing address	of the limited li	ability company is: 14000 B 6th S	treet North
Largo, Florida 33771			
December 10, 2004		L040000896	67
3. Date of filing/registre	ation in Florida		
5. The name of the regis Florida Department o		the registered office address as sh	own on the records of the
1 tottou 15 oparations		ation System	
		Name	
1200 South Pine Island Road			
		Address	SECRET DIVISION C
Plantation, Florida 33324			8 S S S S S S S S S S S S S S S S S
		City, State and Zip	Y SAF
6. The name and address	s of the new reg	sistered agent and/or office:	FILE
	Glenn Bowle	28	9 PH 12: 58
	Name		
	12907 Hickorywood Lane		58 15F
	Florida stree	et address (P.O. Box NOT accepta	ble)
	Largo	FL 33774	
		City, State and Zip	
confirmed that after the	change or change of the registered tempts confirmed in the limited tempts of the limited		dress of the registered office case of a Florida limited
Glenn Bowles			
(Printed or typed name of signe	(2)		
I hereby accept the app comply with the provision and I am familiar with the Chapter 608 ft 5. Very address, I bereby confir	ointment as regi profof all statute pri accept the oi this document m that the limite	istered agent and agree to act in the relative to the proper and composition as regist is being filed to merely reflect a clean liability company has been noti	us capacity. I further agree to ete performance of my duties, ered agent as provided for in uange in the registered office fied in writing of this change.

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