L06000002450

(Rec	questor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: October 13, 2020

Order#: 453477/004

Re: BH SIESTA LAGO MANAGEMENT, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX _ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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. N	ame of the limited liability company: BH SIESTA LA	GO MAI	NAGEMENT,	L.L.C.	
2. (a)	400 LOCUST STREET	1	(b) 400 LOCUST STREET		
<u> (u)</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Aailing address of limited lial (Note: MAY BE POST OF	
	SUITE 790		SUITE 79	0	
	DES MOINES, IA 50309	<u>-</u>	DES MOI	NES, IA 50309	
	01/06/2006		L06000002	450	
3.	Date of filing/registration in Florida	— 4.		Document number	
5. (a)	REGISTERED AGENT SOLUTIONS, INC.				
J. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	:	
	155 Office Plaza Dr.				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>SS)</u>		
	Suite A				<u>-</u> .
	Tallahassee	L_32301			
	, FI	L			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office 1	ddress:		process
					~>>
	Corporation Service Company				
	NEW Registered Office Address:			•	
	1201 Hays Street				
	Tallahassee, FI	L32301			
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe iability o of the li	red office and company, it is mited liability	I the business office of the hereby confirmed that company or as otherw	he registered the change(s)
	13 7 M C M M		l Cilmi, Autho		
•	ature of a member or authorized representative of a member			Printed or typed name of sig	
provis the ob to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, l ed in writing of this change.	ree to ac ? perforn ≥d for in hereby	ct in this capa nance of my a Chapter 605, confirm that t	acity. I further agree to luties, and I am familian F.S. Or, if this docume he limited liability comp	comply with the with and accept ent is being filed cany has been
	Draw L. Knby				
Signate Grace F	ure of Registered Agent Kirby, Asst. Vice President of Corporation Service Company				

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