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AND A SECRETARY OF STATE

## **COVER LETTER**

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	ration Section on of Corporations		
SUBJECT: _	SUBJECT: BF Riverside GP, LLC  Name of Limited Liability Company		
Dear Sir or Ma	adam:		
The enclosed I	Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.	
Please return a	Il correspondence concerning t	this matter to the following:	
	Maria T. Fundora		
	Name of Person		
	BF Riverside GP, LLC Firm/Company		
	3390 Mary Street, Suite 200 Address	<u>,                                      </u>	
	Coconut Grove, FL 33133 City/State and Zip Code	<del></del>	
E-mail addre	m.fundora@swerdlow.com ss: (to be used for future annual report no	otification)	
For further inf	ormation concerning this matte	er, please call:	
N	faria T. Fundora	at ( 305 ) 442-6530	
	Name of Person	Area Code & Daytime Telephone Number	
Registra Divisio	ET/COURIER ADDRESS: ation Section n of Corporations Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
2661 E	xecutive Center Circle ssee, Florida 32301	Tallahassee, Florida 32314	
Enclos	ed is a check for the following	g amount:	
<b>✓</b> \$25	Filing Fee	\$55 Filing Fee & Certified Copy	

## 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.

BF Riverside GP, LLC
: 3390 Mary Street, Suite 200
Coconut Grove, FL 33133
L06000040853
4. Document number
he records of the Florida Dept. of State:
Theodore Stotzer
321 East Hillsboro Boulevard  Deerfield Beach, FL 33441
V Registered Office address:  Brett Dill  3390 Mary Street, Suite 200
Coconut Grove ,FL33133
aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization with the articles of organization of the complete performance of my duties, it is a registered agent as provided for in rely reflect a change in the registered office thas been notified in writing of this change.

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

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