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September 30, 2009

Florida Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, Florida 32314

RE: BHSL, LLC

Gentlemen and Ladies:

In connection with the above limited liability company, enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company. I am also enclosing this firm's check in the amount of \$25.00 to cover the filing fee.

If you have any questions, or if anything further is needed, please let me know.

Sincerely,

Thomas B. Putnam, Jr.

THOMAS B. Patha

TBP/jh Enclosures

xc: Mr. John C. Webb, w/enclosure Mr. Marc P. Malpeli, w/enclosure



• 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.

Name of the limited liability company:	BHSL, LLC
2. (a) Principal office address of limited liability company:	38283 U.S. Highway 27
(Note: MUST BE STREET ADDRESS)	Davenport, FL 33837
,	2.3 %
(b) Mailing address of limited liability company:	38283 U.S. Highway 27
(Note: MAY BE POST OFFICE BOX)	Davenport, FL 33837
December 27, 2006	L06000122228
3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the Registered Agent:	me records of the Florida Dept. of State: Marc P. Malpeli
Registered Office Address:	36345 U.S. Highway 27 Haines City, Florida 33844
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	/ Registered Office address: John C. Webb 38283 U.S. Highway 27
NEW Registered Office Address:	30203 U.S. Highway 27
(MUST BE FLORIDA STREET ADDRESS)	Davenport ,FL 33837
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	orida street address of the registered office
Signature of amember or authorized representative of a member	
John C. Webb	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statules relative to the pro- and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby corporation that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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

INHS18 (05/08)

Signature of Repatered Agent