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Division of Corporations

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From:

Account Name : WASHINGTON & ASSOCIATES, P.A.

Account Number: I20090000070 Phone

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## REGISTERED AGENT CHANGE

#### BHG-NOTRE DAME HOLDINGS, LLC

Certificate of Status	0
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EXAMINED

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#### COVER LETTER

TO: Registration Section Division of Corporat	ions							
\$UBJECT:	BHG-NOT Name of					LLC		
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Dear Sir or Madam:								
The enclosed Registered Age	ent/Registered (	Office	Chang	e and	fee(s) are si	ubmitted f	or filing	
Please return all corresponde	nce concerning	g this n	natter 1	o the f	following:			
Lyon C Ma	shington, Esq	•						
Name of		<u> </u>		_			94.	r <sub>52</sub>
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Washington &	Associates P	Α				•		3
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Miami Fir	orida 33137						2.30	
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dgonzalez@ E-mail address: (to be used for fi	walaw.us.com	1		_				
E-mail address: (to be used for fi	iture annual report n	iotificati	οπ)					
For further information conce	eming this matt	er, plc	ase cal	J:				
Darlene Gonza	lez	_at (	786	)	4	4549722		
Name of Person				Arcn C	ode & Daytime	Telephone N	Jumber	
STREET/COURIER A	DDRESS:		M	AILIN	G ADDRES	S:		
Registration Section		Registration Section						
Division of Corporation	S	Division of Corporations						
Clifton Building				D. Box				
2661 Executive Center (			Ta.	llahasse	ee, Florida 31	23   4		
Tallahassee, Florida 323	01							
Enclosed is a check for	or the followin	gamo	u <b>nt</b> :					
\$25 Filing Fee			<u> </u>	55 Fili	ng Fee & C	ertified Co	ору	
INHS18 (5/08)								

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# 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.

1. Name of the limited liability company:BHG-1	NOTRE DAME HOLDINGS, LLC
2. (a) Principal office address of limited liability compan	y: 150 S.E. SECOND AVENUE
(Note: MUST BE STREET ADDRESS)	Suite 1302 Mlami, Florida 33131
(b) Mailing address of limited liability company:	150 S.E. Second Avenue
(Note: MAY BE POST OFFICE BOX)	Suite 1302 Miami, Florida 33131
01/16/2008	L08000005523
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Lynn C. Washington
Registered Office Address:	Suite 300 Miami, Florida 33131
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Washington & Associates, P.A.  4 Midtown, 3301 NE 1st Ave, Unit M-501 Miami ,FL 33137
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote twise provided in the articles of organization
Signature of a niember or authorized representative of a member	
GONZAGO DEIZAMONI	_
Printed or typed name of sign <del>ee</del>	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the property of am familiar with and accept the obligations of my polymeter 608, F.S. Or, if this document is being filed to menderey, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to iper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	27 Wallahagan IV 24514

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