

LI 00000086843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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09/20/12--01008--013 \*\*35.00

T. CLINE

OCT 15 2012

EXAMINED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2612 OCT 12 AM 10:24

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2012

ANDREW BURNHAM  
135 SAN LORENZO AVENUE, #730  
CORAL GABLES, FL 33146

SUBJECT: BLUEROCK MANAGEMENT, LLC  
Ref. Number: L10000086843

We have received your document for BLUEROCK MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 712A00023814

FILED  
2012 OCT 12 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Bluerock Management, LLC  
135 San Lorenzo Avenue  
Suite 730  
Coral Gables, FL 33146

October 8, 2012

Tammi Cline  
Regulatory Specialist II  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Bluerock Management, LLC, Ref. Number L0000086843

Dear Ms. Cline:

In response to your September 24, 2012 letter (copy of which is enclosed), enclosed are the proper forms in order to change the address of the referenced limited liability company effective immediately.

If you have any questions please do not hesitate to call me at 786-453-3610.

Sincerely yours,



Andrea B. Connor  
Executive Assistant to Andrew T. Burnham

/abc  
encls.

2012 OCT 12 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bluerock Management, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Burnham  
Name of Person

Bluerock Management, LLC  
Firm/Company

135 San Lorenzo Avenue, Suite 730  
Address

Coral Gables, FL 33146  
City/State and Zip Code

aburnham@ccrestfl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Burnham at ( 786 ) 453-3014  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
2012 OCT 12 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Bluerock Management, LLC

2. (a) Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

135 San Lorenzo Avenue, Suite 730  
Coral Gables, FL 33146

•(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

135 San Lorenzo Avenue, Suite 730  
Coral Gables, FL 33146

8/18/10

L10000086843

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:

Andrew Burnham

Registered Office Address:

555 S. Federal Highway, Suite 410  
Boca Raton, FL 33432

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW Registered Agent:**

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

135 San Lorenzo Avenue, Suite 730  
Coral Gables, FL 33146

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Andrew Burnham

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. If this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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