U200037554

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: January 22, 2015

Order#: 468888/008

Re: BATH CLUB CERTIFICATE HOLDINGS, LLC

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: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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	lame of the limited liability company: _BATH CLUB C	CERTIFICATE H	HOLDINGS, LLC
2. (a)		(b)	
(-/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2020 Ponce de Leon Boulevard, Suite 907		
	Coral Gables, FL 33134	 —-	
	03/16/2012	L120	000037554
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Ronald R. Fieldstone, Esq. Registered Agent and Registered Office shown on the records of	f the Florida Dept. (of State:
	c/o Arnstein & Lehr LLP		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	200 S. Biscayne Boulevard, Suite 3600	<u> </u>	
	Miami , FI	L 33131	
(b)	/ 		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	JAN CRET AHA
	1201 Hays Street		26 Ph TARY OF ASSEE,
	NEW Registered Office Address:		TI'S
			TATE ORID
	Tallahassee, FI	r. 32301	DA DA
the chagent was/v	limited liability company is not organized under the la nange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ws of the State f the registered iability compan of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
/s	Lowell D. Plotkin	Lowell D.	Plotkin, Authorized Person
Sign	nature of a member or authorized representative of a member	<u></u>	Printed or typed name of signee
provi the oi to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act in thi e performance o ed for in Chapte hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
Signa	ture of Resistered Agent Corporation Service Company	BY: Sylvia	Queppet, Asst. Vice President

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