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(Reque	estor's Name)	
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C. Electric

## COVER LETTER

Division of Corporations		
SUBJECT: BH 36 LLC Name of Limi	ted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted f	for filing.
Please return all correspondence concerning this		g.
Reid Shapin Name of Person	<del></del>	
Elephant Group, In	<u>C.</u>	T
3303 West Commercial	. Blud.	DEC 17 PH
Fort Lauderdale, FL SCity/State and Zip Code	33309	CORDA
PMCKane@elephantgroup E-mail address: (to be used for future annual report notific	eation)	
For further information concerning this matter, p	please call:	
Paula Mckane at	( 954 ) (657-9600) Area Code & Daytime Telephone	
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 a	mount:	
□ \$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.

1. Name of the limited liability company: BH 36	LC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	my: 3303 West Commercial Blud. Fort Lauderdale, FL 33309
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3303 West Commercial Blud. Fort Laudendale, FL 33309
09/07/2012	L 12000114726
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	Reid Shapino
Registered Office Address:	5259 Coconut Creek PKWY Margate, FL 33063
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	NEW Registered Office address
NEW Registered Agent:	- 3 11
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3303 West Commercial Blud Fort Laudindale FI-33309
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of
Reid Shapino Printed or typed name of signee	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.

Signature of Registered Agent