To: FL SOS Page 1 of 2 Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To 1

Division of Corporations

Fax Number : (850)617-6383

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 : (561)694-8107 Phone

: (561)694-1639

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LLC REGISTERED AGENT CHANGE BK SOUTH, LLC

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Corporate Filing Menu

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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 605.0114 or 605.0116, Fiorida 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.

	27 16444	BK SOUTH,	LLC					
1.	Na	me of the limited liability company: 670 NE Golden Harbour Drive						
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	((b) Mailing address of limited hability company: (Sinc: MAY BE POST OFFICE BOX)				
		C/O Edward I. Burns		C/O Edward I. Burns				
		Boca Raton, FL 33432		Boca Raton, FL 33432 L13000063312				
		04/30/2013						
3.		Date of filing/registration in Florida	4.	4. Document number				
	(-)	GEORGE KARIBJANIAN, ESQ.						
5.	(a)	Registered Agent and Registered Office shown on the records of	The Flori	da De	pt of State:			
		2255 GLADES ROAD, SUITE 421A						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			1.	∞		
		C/O PROSKAUER ROSE LLP					: -	
		BOCA RATON, F	L <u>3343</u>	1 -			: 	12k± 12± 10•
	(b)	Corporate Creations Network Inc.						7
	(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	addre	51 :			=
		11380 Prosperity Farms Road #221E				- 17	6 1 1	
		NEW Registered Office Address						
		Palm Beach Gardens, F	L 3341	0				
th ag	ie chi zenti	limited liability company is not organized under the lange or changes are made, the Florida street address a will be identical Or, in the case of a Florida limited been authorized by an affirmative vote of the members icles of organization or the operating agreement of the	liability of the l e limite	con imited lia	pany, it is ed liability bility com	hereby confirmed the company or as other	at the chi rwise pro	ange(s)
_	Signs	nurs of a member or authorized representative of a member	_			Printed or typed name of	Esignee	
pi tl: tc n	here rovis ie ob mer otific	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provided to refreche change in the registered office address, and in writing of this change. Caitlin Lazarus, Spec	gree to de perforited for i	act in rmar n Ch t con	n this cape ice of my e lapter 605 firm that	acity. I further agree duties, and I am fami , F.S. Or, if this doc the limited liability co	to compe llar with ument is company!	ly with the and accept being filed oas been
5	ายกลา	uic of Registered Agent	101 000	, G (a)	,			
		Division of Corporations • P.O. FILING	. Bov 63 FEE: 5	327 • 25.0	Tallahas O	see, FL 32314		

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