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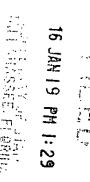
(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phone	⇒ #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

TO: Registration Section Division of Corporations							
	e 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 thi	s matter to the following:						
Brittney Palmer Name of Person	, 						
BPR Management Firm Company	·						
539 Lakeview Dr Address							
Coral Springs FL 3 City/State and Zip Code	3071						
Brittrey Palm Damail E-mail address: (to be used for future annu							
For further information concerning this matter,	please call:						
Brittney Palmer	al (407) 797-5709						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS:						
Registration Section	Registration Section						
Division of Corporations	Division of Corporations						
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314						
Tallahassee, Florida 32301	rananassee, fiorida 32314						
Enclosed is a check for the following amount:							
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

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

rioria	a	Δ A		l.		
1. Na	ame of the limited liability company: BPK	<u>IV/a</u>	nageme	nt		<u></u>
2. (a)	BPR Management		(b) BPR	Manageme	nt	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mail	ing address of limited <i>lote: MAY BE POST</i>	l liability comp	
	539 Lakeview Dr.		539	Lakevier	Λ.	
	Coral Springs FL 33071		Coral	spring.	s fl	3×07′
2	Dec. 17 2015	<u> </u>		020963	9	
3.	Date of filing/registration in Florida	4.	Do	ocument number		
5. (a)	Registered Agent and Registered Office shown on the records	of the Fior	ida Dept. of State:			
	300 S Pines Islan	19	Rd			
	Registered Office Address (MUST BE FLORIDA STREE	<u>T ADDRE</u>	<u>555)</u>			
	<u>5te 105</u>		22 211		16	
	Ylantatiov!	FL <u>5</u>	5527		1 1 1 1 1 1 1 1 1 1	
(b)					19 19	No mark Collection E
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office	address:			
	Michael Palmer				1: 2: - DRM:	V.77
	NEW Registered Office Address: 5019 COVENIEW Or.				.	
	St. Cloud	FL <u></u>	34771			
If the l	limited liability company is not organized under the	laws of t	he State of Florid	la, it is hereby cor	firmed that	after
agent v	ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited	liability	company, it is he	creby confirmed the	hat the chan	ge(s)
	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the				rwise provi	ded in
	type	_	Britter	y talma	Ц	······································
7	flure of a member or authorized representative of a member			inted or typed name o	•	مطه طهادت
provisi the obi to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	gree to deeperforded for it hereby	act in this capacity mance of my dut. Chapter 605, F. confirm that the	ry. I jurther agree ies, and I am fami .S. Or, if this doc limited liability c	e to comply liar with an nument is bei company has	with the ed accept ing filed s been