(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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600429762116

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.

Name of the limited liability company: BPH INVESTMENTS, LLC							
2	(a)		(b)			
-	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,	Mailing	address of limited liability company: MAY BE POST OFFICE BOX	
		3624 S PACIFIC COAST CIR 301			3624 S PACIFIC	COAST CIR 301	
		LAUDERDALE LAKES, FL 33309			LAUDERDALE I	_AKES, FL 33309	
		09/01/2016		I	L16000163650		
3.		Date of filing/registration in Florida	4.		Docur	nent number	
5.	(a)						
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: NRAI SERVICES, INC.							
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					202		
		1200 S PINE ISLAND RD				100 F	
		PLANTATION	TL33324			2024 JUN 18 AH 9: 51	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				· 2 · 9	
Table traile of MAN Registered Agent and of MAN Registered Strice address.					: 50		
	Corporation Service Company						
		NEW Registered Office Address:					
1201 Hays Street							
		-					
		Tallahassee F	L_32301				
ch ag wa the	ange ent v is/we e arti	imited liability company is not organized under the lor changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited tree authorized by an affirmative vote of the members cles-of organization or the operating agreement of the	ne register liability co s of the lin se limited	red on nit lia	l office and the b npany, it is hereb ted liability comp ability company.	usiness office of the registered y confirmed that the change(s) any or as otherwise provided in	
Signature of a member or authorized representative of a member					CILMI, AUTHOR		
						or typed name of signee	
pro the to	ovisi e obl mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and completigations of my position as registered agent as provially reflect a change in the registered office address, if in writing of this change.	gree to ac le perform led for in (I hereby c	t ii tar Ch	n this capacity. I ace of my duties, apter 605, F.S. afirm that the lim	further agree to comply with the and I am familiar with and accept Or, if this document is being filed ited liability company has been	
Signature of Registered Agent GRAC					ACE E. KIRBY, ASST. VICE PRESIDENT		