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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for futues, annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE 4010-3207 BH LLC

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S. PRATHER

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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, 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.	Na	ame of the limited liability company: 4010-320)7 B	H LLC					
า	()	1901 PONCE DE LEON BLVD	((b) 1901 PONCE DE LEON BLVD					
2. (a)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
		CORAL GABLES, FL 33134		CORAL	GABLES, FL 3313	4		_	
		09/01/20		L20000272443					
3.		Date of filing/registration in Florida	4.		Document number			_	
5	(a)	BELLO & MARTINEZ. PLLC							
<i>3</i> ,	(117	Registered Agent and Registered Office shown on the records of 2850 DOUGLAS ROAD, 3RD FL Registered Office Address (MUST BE FLORIDA STREET)	- e: -	2021 SEP 28 SEGRETARY FALLAHASSEI	2021 SEP 28	٠,٠			
		CORAL GABLES FI	3313	4	28 AMII: 17 RY OF STATE SEE, FLORIDA			FILED	
	(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered	-	17 116 117					
		7901 4th St N	uui CS.						
		NEW Registered Office Address: STE 300			_				
		St. Petersburg, FI	3370	2	-				
the age wa	chi ent v s/wa	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the reg iability of of the li	istered office company, it is mited liabilit	e and the business offic s hereby confirmed tha y company or as other	ce of the it the cha	registe: inge(s)		
K	> : 	luy tark	Ri	ley Park					
	_	ture of a member or authorized representative of a member			Printed or typed name of	_	- المالينيات	l	
pro the to	ovisi e obi mer	by accept the appointment as registered agent and agions of all statules relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I dim writing of this change.	ree to a e performed for in hereby	ct in this cap nance of my Chapter 603 confirm that	activ. 1 jurther agree i duties, and I am famili 5, F.S. Or, if this docu the limited liability co.	ar with a ment is b mpany h	v wiin i ind acc eing fil as been	ne ept ed	

Signature of Registered Agent

Bill Havre

- Assistant Secretary