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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

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

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LLC REGISTERED AGENT CHANGE 4010-4206 BH LLC

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SEP 2 9 2021

S. PRATHEL

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[7]

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.	Name of the limited liability company: 4010-4	4206 BH LLC					
2. (a	, 1901 PONCE DE LEON BLVD	(b) 1901 F	(b) 1901 PONCE DE LEON BLVD				
2. (0	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	34			
	09/14/20	L20000	287084				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a) BELLO & MARTINEZ, PLLC						
(Registered Agent and Registered Office shown on the recor	rds of the Florida Dept. of Stat	- (e:				
	2850 DOUGLAS ROAD, 3RD FL			202 SE			
	Registered Office Address (MUST BE FLORIDA STR	_	FIL 2021 SEP 28 SEGKETARY ALLAHASSE				
	CORAL GABLES	_{.FL} 33134	_	. ω [⇔] m			
(t	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>		AH II: IL F STATE FLORIDA				
	7901 4th St N		<u></u>				
	NEW Registered Office Address: STE 300						
	312 300		_				
	St. Petersburg	_{FL} 33702	_				
the cagen was/the a	e limited liability company is not organized under the change or changes are made, the Florida street address will be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membartioles of organization or the operating agreement of	ess of the registered offic ted liability company, it pers of the limited liabili	e and the business offi is hereby confirmed that ty company or as other mpany.	ce of the registered at the change(s) wise provided in			
Sig	maturd of a member or authorized representative of a member		Printed or typed name of	signee			
prov the a to m	reby accept the appointment as registered agent and issions of all statutes relative to the proper and compobligations of my position as registered agent as properly reflect a change in the registered office addressible in writing of this change. Bill Havre - Assistance	d agree to act in this cap plete performance of my ovided for in Chapter 60 ss, I hereby confirm that stant Secretary	oacity. I further agree duties, and I am famil 5, F.S. Or, if this docu the limited liability co	to comply with the iar with and accept ment is being filed mpany has been			
Sign	ature of Registered Agent	_					