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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 : (302)674-4089

Fax Number : (302)674-5266

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

Email Address: <u>dmv@potamkinfamily.com</u>

REGISTERED AGENT CHANGE BATTLECREEK/POTAMKIN L.C.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of th	e corporation: Baztlecreek/Potamkin, L.C.	
2. The principal of Miami, FI 33015	office address: 5800 NW 171st Street	
3. The mailing ad	dress (if different):	
4. Date of incorpo	pration/qualification: 07/23/1996 Document number: L96000000781	
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)	
	David Yusko	
	5800 NW 171st Street	
·	Miami, Fl 33015	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	NRAI Services, Inc.	
1200 South Pine Island Road		
	P.O. Box NOT acceptable	
The street address of its registered office and the street address of the business office of its registered agents as changed will be identical.		
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.		
(John	Lhodes VP Proted or typed terms and title	
I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed metely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. NRAI Services, Inc.		
	Vitte 6723/2021	
•	name of Registration Again	
Rtfi G	half of an entity: - H - H - H - H - H - H - H -	
*:	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

Ву: