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Certified Copies	_ Certificates	of Status				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 03 2014 T. CARTER

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	B.P Limited Liability Compan	у			
	Name	of Limited Liab	oility Company		
Dear Si	ir or Madam:				
The en	closed Registered Agent/Registered Offic	e Change and fe	e(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:					
Jame	s T. Humphrey, Esq.				
	Name of Person		-		
Knott	Ebelini Hart				
-	Firm/Company		-		
1625	Hendry Street		_		
	Address				
Fort N	Myers, FL 33901				
	City/State and Zip Code		-		
	ohrey@knott-law.com				
Е	-mail address: (to be used for future annu	al report notification	ation)		
For fur	ther information concerning this matter,	please call:			
Jame	s T. Humphrey	at (334-2722		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 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.

	me of the limited liability company: B.P Limited Li			
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	15210 Wayzata Boulevard		15210 W	Vayzata Boulevard
	Wayzata, MN 55391		Wayzata	a, MN 55391
	12/22/1999		L9900000	09088
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Garey F. Butler, Esq.			
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	e:
	Fowler White Boggs, PA			
-	Registered Office Address 2235 First Street	DDRESS	2	-
-		33901		SECRETTALLAHA
(b)	James T. Humphrey, Esq.			FIL RETARY AHASS OCT 21
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	: 11 - K 111
	Knott Ebelini Hart			PH 4: 0
	NEW Registered Office Address:			
	1625 Hendry Street	_		-
	Fort Myers, FL	33901		_
the cha agent v was/we the arti	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi ability co If the lin limited	stered office ompany, it i nited liabilit liability con	e and the business office of the registere is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
•	une of a member or authorized expresentative of a member			Printed or typed name of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I have the properties of this change.	ee to ac perform d for in hereby c	t in this cap cance of my Chapter 60: onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and acce 5. F.S. Or, if this document is being file the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)