## ma wallactions

(Re	equestor's Name)						
(Ad	dress)						
(Ad	dress)						
(Cit	y/State/Zip/Phone #	)					
PICK-UP	WAIT	MAIL.					
. (Bu	siness Entity Name	)					
(Document Number)							
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HARRIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: April 24, 2017

Order#: 578495-035

Re: BLUEROCK PROPERTY MANAGEMENT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.

	ame of the limited liability company: BLUEROCK PROPERT									
2. (a)	27777 Franklin, Suite 48034  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			(b)		27777 Franklin, Suite 900  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	Southfield,	МІ	10019	<del></del>	Southfie	eld, MI 48034		1		
	01/03/2007		***		M070000	000068	······			
3.	Date of fil	ing/registratio	n in Florida	4.		Document number				
5. (a)	) NRAI Services,	Inc.								
J. (a)	,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
	1200 South Pine	1200 South Pine Island Road								
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_	17	<u>.</u>			
	_						APR	- <u> </u>		
				***************************************		_	₹26	得甚里		
	Plantation		, FI	L <u>33324</u>		<del>_</del>	-	SE SE		
(b) <u>-</u>						_	**			
	Enter name of NEW R	egistered Agent	and/or <u>NEW Registered</u>	d Office add	ress:		29	Ž,		
								1:		
	1201 Hays Street					_				
	NEW Registered Offic	e Address:								
	Tallahaaaa			22204		_				
	Tallahassee		, FI	32301		<del></del>				
the chagent was/w	ange or changes are i will be identical. Or	made, the Flor , in the case of affirmative vo	ida street address of a Florida limited li ote of the members	f the regist iability cor of the limi limited li	ered officenpany, it is ted liability contacts		ice of the	e registered nange(s)		
Signa	Signature of a member or authorized representative of a member			<u> </u>	Jill Cilmi, Authorized Person  Printed or typed name of signee					
I here provis the ob to mer notifie	h accept the annoin	ntment as regiselative to the pion as register in the register hange.	stered agent and ag roper and complete ed agent as provide ed office address, I	e performa ed for in C hereby co	nce of my hapter 60 nfirm that	pacity. I further agree duties, and I am fami 5, F.S. Or, if this doct the limited liability co	to compliar with ument is ompany	oly with the and accept being filed has been		
aighali	are or registered regent (	Lorporation S	bervice Company	B1. UI	act E. Kl	irby, Asst. Vice Pres	ident			