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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BHI VISTA LAGO, LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
ACCOLADE CONSTRUCTION CORPANY, LLC Firm/Company
3900 PENBROKE RP, SVITEA Address
HOLLYWOOD, FL 33 021 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROBERTO RICHARDS at (954) 237-2825 x 1007 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 & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agem, or boin, in the state of I tortua.	
1. Name of the limited liability company: B41 V13	TA LAFO, LLC
2. (a) Principal office address of limited liability company	y: 3900 FEMBROKE RD, SUITE A
(Note: MUST BE STREET ADDRESS)	HOLLYWOOD, FL 33021
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	HOLLYWOOD, FL 33621
3. Date of filing/registration in Florida	<i>M07000002402</i> □ □ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
3. Date of filing/registration in Florida5. (a) Registered Agent and Registered Office shown on Registered Agent:	SKRLD, INC FUS 5
Registered Office Address:	201 ALhan BRACIREZ, BITE 1102 COPAL GARLES, FI 33134 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: BHI かもいもしのでいる。 んしこ
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	HOLLYWOOD ,FL 33021
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company As Augustees Representative of a member	clorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization y.
ED KORETMAN Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my por Chapter 608, F.S. Or, if this document is being filed to me address, thereby confirm that the limited liability company	
Signature of Registered Agent	OF UR, CCC

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