M07000003428

| (Requestor's Name) | | | | |
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| | | | | |
| (City/State/Z | (ip/Phone #) | | | |
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| PICK-UP V | VAIT MAIL | | | |
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| (Business E | ntity Name) | | | |
| | | | | |
| (Document I | Number) | | | |
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| Certified Copies Ce | ertificates of Status | | | |
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| Special Instructions to Filing Officer: | | | | |
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EXAMINER



| ON SERVICE COMPANY. | | | | | |
|--------------------------|---------------------|-------------|------------|---------|--|
| ACCOUN' | T NO. | : | 072100000 | 032 | |
| REFE | RENCE | : | 485237 | 7616352 | |
| AUTHORIZ | ATION | : | | | |
| COST | LIMIT | : | \$ 25.00 | | |
| ORDER DATE : March 13, | 2008 | | | | |
| ORDER TIME : 9:31 AM | | | | | |
| ORDER NO. : 485237-160 | | | | | |
| CUSTOMER NO: 7616352 | | | | | |
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| CHANG | E OF A | GEN | <u>T</u> | | |
| | | | | | |
| NAME: BBR MAN | AGEMEN | ጥ ፐ. | T.C | | |
| MARIE. DDR FRAN | HODINDIN | 4 1 | | | |
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| PLEASE RETURN THE FOLLOW | ING AS | PR: | OOF OF FIL | TNG• | |
| CERTIFIED COPY | 1110 110 | 110 | 001 01 111 | 1110. | |
| XX PLAIN STAMPED CON | PY | | | | |
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| CONTACT PERSON: Troy Too | dd | | | | |
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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.

| 1. The name of the limite | d liability company | is: BBR MANA | AGEMENT LLC | | |
|--|---|---|---|--|--|
| 2. The mailing address of | the limited liability | company is : _ | | | |
| 301 S College Street, Suite 38 | 50, Charlotte, NC 2820 | 2 ' | | | |
| 06/06/2007 | | | M07000003428 | | |
| 3. Date of filing/registration in Florida 4. Document num | | | ······································ | | |
| 5. The name of the register Florida Department of S | | gistered office | address as shov | vn on the records of the | |
| • | National Co | orporate Research | , Ltd. Inc. | . شغفتن . | |
| | | Name | · | | |
| | 51: | 5 East Park Aven | ue | | |
| | | Address | | - 45° 6 | |
| | Tal | lahassee, FL 323 | 01 | 巨彩色和 | |
| | Cit | y, State and Zi | p | 一覧とう | |
| 6. The name and address of the new registered agent and/or office: | | | | | |
| | Согрога | tion Service Com | pany | For ? | |
| | | Name | | | |
| | 12 | 201 Hays Street | | _ D rn | |
| | Florida street addre | ess (P.O. Box | NOT acceptable | e) | |
| | Tallahassee | FL | 32301 | | |
| | City | , State and Zip | | | |
| If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of a member or authority) | nange or changes are the registered agent reby confirmed that that the limited liability compan it of the limited liability | made, the Flo will be identic the change(s) vary or as otherwall lity company. | rida street addre | ess of the registered office | |
| 14 | ٨ | | | | |
| (Printed or typed name of signee) | 1 | | | | |
| I hereby accept the appoing comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm | ntment as registered s of all statutes relat d accept the obligati his document is bein that the limited liab | agent and agrive to the propons of my posite filed to mere lity company b | ee to act in this er and complete tion as registere ly reflect a char tas been notified | c capacity. I further agree to e performance of my duties, ed agent as provided for in nge in the registered office d in writing of this change. | |
| Michelle H! | Jannol | | • | | |
| (Signature of Registered Agent) | Michelle R. Vannoy, As | istant VP | | | |

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