M0700000 7216

(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
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(Business Entity Name)				
(Document Number)				
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NOV - 3 2015

J SHIVERS



CSC - WILMINGTON
Suite 400

2711 Center∜ille 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: October 29, 2015

Order#: 791743-005

Re: MAK BG PROPERTY, 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.

<u>XX</u> 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.

OUCA.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.

1. N	Name of the limited liability company: MAK BG PROF	ERTY, LLC	
2 (a)	3060 Peachtree RD NW	(b) _	
2. (u,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 400	_ _ _	
	Atlanta, GA 30305	- -	
	12/12/2007	<u>N</u>	107000007216
3.	Date of filing/registration in Florida	4.	Document number
5. (a) C T Corporation System		
J. (u	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:
			ASEC 15
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS)	CRE AH
	1200 South Pine Island Road		NOV -2
	Plantation, FL	33324	AH 8: 08 YOF STATE EE. FLORIDA
			SIAI O
(b)		065 11	RID C
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	
	1201 Hays Street		
	NEW Registered Office Address:		
		<u> </u>	
	Tallahassee, FL	32301	· · · · · · · · · · · · · · · · · · ·
the ch agent was/w	limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lies at the case of a granization or the operating agreement of the	the register ability comp of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	0060	Dona P	riebe, Authorized Person
-	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to men notifie	eby accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act in performance I for in Chap hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
<u>X</u> Signat	ure of Registered Agent Corporation Service Company	BY: Grac	e E. Kirby, Assistant Vice President

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