

Division of Corporations

M080000004418

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

BOH INVESTMENTS GP, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$38.00

C. LEWIS

JAN 09 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDASTATEMENT 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. Name of the limited liability company: BOH Investments GP, LLC

2. (a) Principal office address of limited liability company: 5430 LBJ FREEWAY, SUITE 800
DALLAS TX 75240
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 5430 LBJ FREEWAY, SUITE 800
DALLAS TX 75240
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: 3/23/08

4. Document number: MR000004478

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CORPORATION SERVICE COMPANY

Registered Office Address: 1201 NAYS STREET TALLAHASSEE FL 32301-2525

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: C.T. Corporation System

NEW Registered Office Address: 1200 South Pine Island Road

(MUST BE FLORIDA STREET ADDRESS) Plantation FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member, officer, director, or representative of a member)

Michael Jones, Secretary
(Printed or typed name or signature)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Negan G. Ware
(Signature of Registered Agent) Assistant Secretary

Division of Corporations, P.O. Box 6347, Tallahassee, FL 32314
FILING FEE: \$25.00

DHS16 (05/08)

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