## M0900000845

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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D. SCOTT DEC 5 2017



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: December 1, 2017

Order#: 926846-009

Re: BEARENCE MANAGEMENT GROUP, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive 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.

1.	Na	me of the limited liability company: BEARENCE MA	NAGEM	IENT GROUP, LLC
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	) 1045 76th Street, Suite 4000  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		West Des Moines, IA 50266	_	West Des Moines, IA 50266
		03/02/2009		M0900000845
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	NRAI Services, Inc		
	(-)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State:
		1200 South Pine Island Road		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	2
		Plantation ,FL	33324	
				<del></del>
	(b)	Corporation Service Company		
		Enter name of NEW Registered Agent and/or NEW Registered (	Office add	Iress:
		1004.11		R
		1201 Hays Street		نشيد ۽ حب
		NEW Registered Office Address:		
		Tallahassee , FL_	32301	
the age was the state of the st	e charent was/we aftil	mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of these of organization or the operating agreement of the law of a member or authorized representative of a member of	the regist bility cor f the limi limited limited limited limited limited limited	State of Florida, it is hereby confirmed that after stered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in iability company.  Cilmi, Authorized Person  Printed or typed name of signee  in this capacity. I further caree to comply with the
Si	gnatur	e of Registered Agent Corporation Service Company	BY: Gr	race E. Kirby, Assistant Vice President