NI 11 00000 6/132

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



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09/08/14--01028--011 **25.00



SEP 1 6 2014 C. CARROTHERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: September 5, 2014

Order#: 267511-334

Re: BOF-IIB REO, 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.

XX Please return evidence to the following:

Attn: Janis M. Smith

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.	Na	me of the limited liability company: BOF-IIB f	REO, LL	<u>c</u>		
2	(a)	4425 PONCE DE LEON BLVD., 5TH FL		(b)		
۷.	(a)	Principal office address of limited liability compa- (Note: MUST BE STREET ADDRESS)	my:	- (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		CORAL GABLES FL 33146		. -		
		12/07/2011			M110000	06132
3.		Date of filing/registration in Florida		4.		Document number
5.	(a)	Brian E. Bomstein				
٠.	(4)	Registered Agent and Registered Office shown on the rec	ords of the	e Florida	Dept. of Stat	e:
		4425 PONCE DE LEON BLVD., 5TH FL				₹ 45%.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
						E S T
		CORAL GABLES	, FL	33146		Co mer
	(b)	Corporation Service Company	,			
	(0)	Enter name of NEW Registered Agent and/or NEW Reg	gistered O	ffice add	ress:	
		1201 Hays Street				_
		NEW Registered Office Address:				
			· <u> </u>			_
		Tallahassee	, FL_	32301		_
the ag wa th	e cha ent v as/we e arti	imited liability company is not organized under inge or changes are made, the Florida street addivill be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the memocles of organization on the operating agreement are old members authorized representative of a member	ress of the nited liab or the line of the	he regist pility con the limi mited li	ered offic npany, it i ted liabilit ability cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
I pr th to	here ovisi e obl mer	by accept the appointment as registered agent a cons of all statutes relative to the proper and con igations of my position as registered agent as pely reflect a change in the registered office address of this change.	and noree	e to act erforma for in C ereby co.	in this cap nce of my hapter 60. nfirm that	acity. I further garee to comply with the
Š	gnatu	re of Registered Agent Corporation Service Somp	 pany	BY: Gr	ace E. Ki	rby, Assistant Vice President
		Division of Corporations	DA PA	w 6377	Tallaka	sean El 32314

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