MILLOCOCO 345

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

Office Use Only



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J. HARRIS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: September 30, 2016

Order#: 296680-034

Re: BKD - GC FM HOLDINGS, 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: Mary Rivers

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.

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. N	ame of the limited liability company: Bh	KD - GC FM H	OLDING	S, LLC			
2. (a)	111 WESTWOOD PLACE SUITE 400 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	BRENTWOOD TN	37027	- -				
	01/19/2012		. <u>-</u>	M12000	000345		
3.	Date of filing/registration in Flo	orida	4.		Document number		
5. (a)	C T CORPORATION SYSTEM						
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	1200 SOUTH PINE.ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_		
	·				_		
	PLANTATION	, FL_	33324				٠.,
•						<u></u>	174 114
(b)					_	130	F.i
-	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered (Office add	ress:		<u></u>	#4.55 THE
							FEE
	1201 Hays Street					5	<u> </u>
	NEW Registered Office Address:					<u>ಟ</u>	
							·
	Tallahassee	, FL_	32301		_		
the cha agent was/w the art	limited liability company is not organized ange or changes are made, the Florida strewill be identical. Or, in the case of a Florere arthorized by an affirmative vote of the companization or the operating agreement.	eet address of trida limited lial he members of the lement of the l	the regist bility con the limi imited li	ered office npany, it ted liability ability co	ce and the business office is hereby confirmed that to try company or as otherwismpany. orized Person	of the r the char se prov	egistered ige(s)
Signa	ature of a member or authorized representative of a	member			Printed or typed name of sig	nee	
provis the obs to mer notifie	by deept the appointment as registered a ions of all statutes relative to the proper of ligations of my position as registered age ely reflect a change in the registered office in writing of this change are of Registered Agent Corporation Services.	and complete p nt as provided ce address, I h	performa for in C ereby co	nce of my hapter 60 nfirm tha	pacity. I further agree to duties, and I am familiar 15, F.S. Or, if this docume the limited liability comparby, Assistant Vice Pre	with arent is be cany ha	with the nd accept ing filed s been
	D		<		77 2224		

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