M13000000078

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

Office Use Only

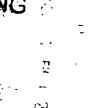


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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: December 6, 2019

Order#: 076958-026

Re: BHH AFFILIATES, 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: Ami Casper 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: BHH AFFILIATES	S, LLC	
2	(a)	18500 Von Karman Avenue, Suite 400	(b)	Attn: Legal Department
۲.	(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)
			_	333 South 7th Street, 27th Floor
		Irvine, CA 92612	_	Minneapolis, MN 55402
		01/03/2013	-	M13000000078
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	C T Corporation System		
	()	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:
		1200 S. Pine Island Road		$=:\vec{9}$
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	
				기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기
		Plantation , FL	33324	
	(b) Corporation Service Company			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	mce add	iress:
		1201 Hays Street		
	NEW Registered Office Address:			
		<u></u> g		
				
		Tallahassee , FL_	32301	
the ag wa	e cha ent v is/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of clessof organization or the operating agreement of the li	the regis bility co `the limi	tered 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
		Le C'One	Jill C	Cilmi, Authorized Person
- :	Signal	ture of a member or authorized representative of a member		Printed or typed name of signee
pr the to	ovisi 2 obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered ogent as provided ely reflect a change in the registered office address. I ha I in writing of this change.	ee to act performa for in C erehy co	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been
Si	gnatu	re of Registered Agent Corporation Service Company	BY: A	.mi M. Casper, Asst. Vice President