

M1400001572
 Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : SUPERBIZ.COM, INC.
 Account Number : 120070000160
 Phone : (800) 494-3124
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**LLC REGISTERED AGENT CHANGE
 BF PARTNERS HOLDINGS, LLC**

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 TALLAHASSEE, FLORIDA

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 DIVISION OF CORPORATIONS

FILED

O. SIMMONS
 JUL 31 2017

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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.

BF PARTNERS HOLDINGS, LLC

1. Name of the limited liability company: _____

2. (a) 20801 BISCAYNE BOULEVARD #306

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 20801 BISCAYNE BOULEVARD #306

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

AVENTURA, FLORIDA 33180

AVENTURA, FLORIDA 33180

MARCH 07, 2014

M14000001572

3. Date of filing/registration in Florida _____

4. Document number _____

5. (a) OSCAR GRISALES-RACINI

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

20801 BISCAYNE BOULEVARD #306

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

AVENTURA

FL

33180

(b) BP TAX ADVISORY LLC

LC

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

848 BRICKELL AVENUE, STE 1130

NEW Registered Office Address:

MIAMI

FL

33131

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 or authorized representative of a member

CARLOS A CAMARGO FARIA

Printed or typed name of signer

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 relative 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 605, 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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

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