## M14DDD003809

(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:  DONNA BOODF  advislator Marke						
Consider						

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## **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations						
SUBJI	Bahia Mar Manager, L.L.C.						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to the following:					
J. Ke	nneth Tate						
	Name of Person						
BRE/	Edge Bahia Mezz, L.L.C.						
	Firm/Company						
1175	NE 125 Street Suite 102						
	Address						
North	Miami FL 33161						
	City/State and Zip Code						
Kenn	y@tatecapital.com						
Е	E-mail address: (to be used for future ann	ual report notification)					
For fur	rther information concerning this matter,	please call:					
J. Kei	nneth Tate	305 891-1107					
	Name of Person	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:							
	☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHS18	8 (2/14)						

## 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: Bahia Mar M	lanager	, L.L.C.		
2	(a)	Bahia Mar Manager, L.L.C.	()	<sub>o)</sub> Bahia M	lar Manager, L.L.C.	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· ————	Mailing address of limited liab (Note: MAY BE POST OF	• • •
		1175 NE 125 Street Suite 102		1175 NE	125 Street Suite 10	2
		North Miami FL 33161	<del></del>	North Mi	iami FL 33161	
		06/03/2014		M140000	03809	
3.		Date of filing/registration in Florida	4.		Document number	
5	(a)	NRAI Services Inc				
٥.	(41)	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of State	- 3.	
		NRAI Services Inc				
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u>s)</u>	-	
		1200 South Pine Island Road				
		Plantation , F	L_33324	,	_	<b>本</b> 2000年
	(h)	_				A JUL A
	(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office ac	ldress:	-	2 CANAL WAR
		J. Kenneth Tate,				AN 8:
		NEW Registered Office Address:			•	<b>9</b>
		1175 NE 125 Street Suite 102			-	
		North Miami, F	<sub>L</sub> 33161		_	
the age was the	e cha ent v s/we e arti ijerel visi e obl mere tified	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lever authorized by an affirmative vote of the members cles of organization of the operating agreement of the united of a member of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	of the reginability confit the limited J. I	stered office ompany, it is nited liability liability con Kenneth T	e and the business office is hereby confirmed that the y company or as otherwing pany.  ate, Manager  Printed or typed name of signature.	of the registered the change(s) se provided in