# MUBOCCOHZOO

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### Orr&Reno

October 14, 2016

\*William L. Chapman George W. Roussos James E. Morris John A. Malmberg Douglas L. Patch Steven L. Winer Peter F. Burger Lisa Snow Wade Susan S. Geiger Jennifer A. Eber Jeffrey C. Spcar Connie Boyles Lane Judith A. Fairclough Maureen D. Smith James P. Laboc Robert S. Carcy Margaret R. Kerouac Jeremy D. Eggleton Nicole M. T. Paul John M. Zaremba Caroline K. Brown Julie R. Morse Heidi S. Cole Zachary D. Bland Juliaana DiGesu

> Neil E Castaldo (Of Counsel)

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

Re: Change of Registered Agent/Notice of Withdrawal

Dear Sir/Madam:

Enclosed please find a check in the amount of \$175 representing the filing fee for Statement of Change of Registered Agent/Office for the following entities:

- 1. Hialeah Hotel Investment Group, LLC
- 2. LCP Hialeah Gardens Hospitality, LLC
- 3. Hialeah EMP Enterprises, LLC
- 4. LCP Daytona, LLC
- 5. Daytona RE Operating Company, LLC
- 6. BHIG Daytona, LLC

The enclosed check also includes the filing fee of \$25 for the enclosed Notice of Withdrawal of Certificate of Authority for LCP Tampa East Operating, LLC.

Kindly return the acknowledgment copies of the filings to my attention.

Should you have any questions, please contact me at 603-223-9140 or dsilverstein@orr-reno.com. Thank you.

Sincerely,

Debra L. Silverstein

Dora Silverstin

Paralegal

Enclosure 1612073\_1

#### **COVER LETTER**

то:	Registration Section Division of Corporations		
SUBJI	BHIG Daytona, LLC		
		ne of Limited Liab	lity Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and fee	e(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the fol	lowing:
Debra	a Silverstein, Paralegal		
	Name of Person		
Orr &	Reno, PA		
	Firm/Company		
РО В	ox 3550		
	Address		
Conc	ord, NH 03302		
	City/State and Zip Code		
dsilve	erstein@orr-reno.com		
E	E-mail address: (to be used for future ann	ual report notifica	ion)
For fur	ther information concerning this matter,	please call:	
Debra	a Silverstein	603	223-9140
	Name of Person		rea Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regist Divisi P.O. E	ration Section on of Corporations Box 6327 assee, Florida 32314
	Enclosed is a check for the following	amount:	
	■ \$25 Filing Fee	<b>□</b> \$55 !	Filing Fee & Certified Copy
INHST	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: BHIG Daytona	, LLC	)				
2. (a)	269 Hanover Street		(b) 269	Hanc	over Street		
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	-	(*)		ailing address of limited (Note: MAY BE POS	-	
	Hanover, MA 02339	-	Han	over,	MA 02339		<del> </del>
	June 13, 2014	-	M140	0000	4200		
3,	Date of filing/registration in Florida	4.		D	Document number		
5. (a)	Lowndes, Drosdick, Doster, Kantor & Reed, P	Ά					
	Registered Agent and Registered Office shown on the records of the 215 North Eola Drive  Registered Office Address (MUST BE FLORIDA STREET AD			of State:			
	Orlando, FL_3	280	1	<del></del>	(*************************************	2018	<b>-11</b>
(b)	Jay F. Cook, Esq.				10M 25 = 1		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice g	ddress:		S.S.E.	<b>(20)</b>	(11)
	9123 Trivoli Terrace				of ST	A	ILED
	NEW Registered Office Address:				ORIDA	10: 29"	
	Naples , FL 3	411	9				
the cha agent v	imited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	ility the li	gistered o company mited lis	office a y, it is l ability (	and the business of hereby confirmed t company or as other	fice of hat the	the registered change(s)
			lenn Gi				
-	are of amember or authorized representative of a member	,			Printed or typed name of		
proviși the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po igations of my position as registered agent as provided j ly reflect a change in the registered office address, I he I in writing of this change.	e to a erfor for in reby	ct in this nance of Chapte confirm	s capac f my di r 605, . that th	city. I further agre uties, and I am fam F.S. Or, if this doc ne limited liability o	e to cor iliar wi cument compan	nply with the th and accept is being filed y has been

Signature of Registered Agent

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	Hanover, MA 02339	_	Hanover,	, MA 023	39		
	June 13, 2014	_	M1400000	04200			
3.	Date of filing/registration in Florida	4.	]	Document r	number		
5. (a)	Lowndes, Drosdick, Doster, Kantor & Reed, F	PA					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 215 North Eola Drive			:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	Orlando , FL	3280	01			~ 1	
(b)	Jay F. Cook, Esq.				. *: 17.7 1 <b>*</b> 27.7	) (	77
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office	address:				
	9123 Trivoli Terrace				RY O	<u>~</u>	FILED
	NEW Registered Office Address:				TARY OF STATE	A 10 2	0
					» N	ق	
	Naples , FL	3411	9	<i>t</i> .	,,		
the cha agent was/w	imited liability company is not organized under the laws ange 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 icles of organization or the operating agreement of the li	he re bility the l imite	gistered office company, it is imited liability d liability com	and the bus hereby con company o	iness off firmed tl	ice of the	he registered :hange(s)
		G	lenn Gistis	D. C. L. C.		o	
	ture of a member or authorized representative of a member			Printed or typ			* *
provis the ob- to mer notifie	by accept the appointment as registered agent and agretions of all statutes relative to the proper and complete pligations of my position as registered agent as provided an reflect a change in the registered office address, I had a writing of this change.  The of Registered Agent	perfor	mance of my d	luties and L	am fami	liar wit	h and accept
	Say F. Cook						

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