Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230004355673)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:			
	Division of C	orporations	
	Fax Number	: (850)617-6383	
		, ,	

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC REGISTERED AGENT CHANGE BEL DEERWOOD I LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

S. ROJERTS

DocuSign Envelope ID: B4E2C5FD-EF5D-4175-ACC6-9BAA25236E15

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	nme of the limited liability company: BEL DEERWOO	DILLC				
2. (a)	C/O EATON VANCE MANAGEMENT	(t	C/O EATO	ON VANCE MANAGEMENT		
2. (u,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)		
	TWO INTERNATIONAL PLACE		TWO INTI	ERNATIONAL PLACE		
	BOSTON, MA 02110		BOSTON, MA 02110			
	07/29/2014		M14000005394			
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	CORPORATION SERVICE COMPANY					
J. (a)		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	1201 HAYS STREET					
	Registered Office Address					
				1.29		
	TALLAHASSEE	32301-2	525			
		<u> </u>	-	•		
(b)	C T Corporation System					
	nter name of NEW Registered Agent and/or NEW Registered Office address:					
				. .		
	NAME OF THE PARTY					
	NEW Registered Office Address:					
	1200 South Pine Island Road					
	Plantation	33324				
	, rL					
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of cless of argunization or the operating agreement of the	the registability confide the limited I	stered office mpany, it is ited liability iability com	and the business office of the registered shereby confirmed that the change(s) company or as otherwise provided in apany.		
	ure of a High act of a member	Mich	nael Askew. A	Assistant Secretary Printed or typed name of signee		
			in this arm			
provisi the obl to merc notified By:	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igutions of my position as registered agent as provide ely reflect a change in the registered office address. I have ting of this change. C. T. Corporation System The of Registered Agent SEALL EMERICA ASSISTANT SECRETARY	ree to act perform d for in (nereby co	in ins cape ance of my e hapter 605 infirm that i	icuv. I further agree to comply with the hities, and I am familiar with and accept i, F.S. Or, if this document is being filed he limited liability company has been		

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