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.

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	Division of Corporat			
	Fax Number : (8	50)617-6383		
Fro	n:	TACTEDED ACTUS COLU	ITTONS INC	
	Account Name : RE		HIONS INC	
	Phone : (8	88)705-7274		
	Fax Number : (8			2020
**Ent	er the email address for	this business enti	ity to be used fo	r future 🔠
	annual report mailings.	Enter only one ema	il address please	25
•	emili Addinger			_
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AUG - 16/3

COVER LETTER

Registration Section TO:

Division of Corporations BF Mgmt, LLC, A California Limited Liability Company Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Mary Castillo Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd, Suite 300 Address Austin, TX 78744 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

INHS 18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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. Name of the limited liability company: BF Mgmt, I	LLC, A California Limited Liability Company
433 N. CAMDEN DRIVE	(b) 433 N. CAMDEN DRIVE
Principal office address of limited liability company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
(Note: MUST BE STREET ADDRESS)	SUITE 1070
SUITE 1070	
BEVERLY HILLS, CA 9021	BEVERLY HILLS, CA 90210
1/7/2015	M15000000168
3. Date of filing/registration in Florida	4. Document number
CORPORATION SERVICE	COMPANY
Registered Agent and Registered Office shown on the records o	
1201 HAYS STREET	
Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)
TALLAHASSEEF	32301-2525 ©
Deviatored Agent Solutions	inc
(b) Registered Agent Solutions	S, INC.
Enter name of NEW Registered Agent and/or NEW Registere	rn ·
155 Office Plaza Dr.	
NEW Registered Office Address:	- N
Suite A	
	00001
Tallahassee	FL 32301
the change or changes are made, the Florida street address	laws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in the limited liability company.
() I-man Mallan	James Vallon Authorized Perso

/s/ James Vallon	James Vallon	Authorized	
Signature of a member or authorized representative of a member	Printed or typed name of signee		

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 my lifed in writing of this about a

notified in writing of this change. Mackenzie Hart, Asst, Secretary

Signature of Registered Agent