



12/22/2017

Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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LLC REGISTERED AGENT CHANGE BP CHATEAU AMARA, LLC Certificate of Status Certified Copy Û 02 Page Count Estimated Charge \$25,00

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S. WARREN

DEC 22 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.

(a)	me of the limited liability company: BPCHATEAUAM			dailing address of limited liability company:	
- (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		5	dailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)	
	5295SCOMMERCEDR, STE100, MURRAY, UT84107		52958COMMERCEDR,STE100		
		AGIRRAY UTS2107			
	10/23/2015 M15000			008523	
	Date of filing/registration in Florida	4.		Document number	
(a)	CORPORATIONSERVICECOMPANY				
. ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS	 }	-	
	120HIAYSSTREET			FIL 17 DEC 22	
	TALLAHASSEE ,FL				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			FIL C 22	
(b)				- :: : : : : : : : : : : : : : : : : :	
	Enter name of NEW Registered Agent and/or NEW Registered Office addicess:				
	CTCorporationSystem		12: 42 STATE FLORID		
	NEW Registered Office Address:		-	0,tm 2	
	1 200 South Pine Island Road				
	Plantation, FL_	33324		_	
e cha ent v as/we e art	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the light	he regicality control the linited	stered offic- impany, it i sited liabilit	e and the business office of the registers hereby confirmed that the change(s) by company or as otherwise provided in a pany.	
-	tine of a number or authorized representative of a member			Printed or typed name of signee	
here	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. The	e to ac erform for in (t in this cap ance of my Thapter 50	nacity. I further agree to comply with t duties, and I am familiar with and acc 5, F.S. Or, if this document is being fil the limited liability commany has been	

FILING FEE: \$25.00