(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:							
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Office Use Only



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04/26/17--01025--024 \*\*25.00

APR 2 7 2017 S. YOUNG



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: April 24, 2017

Order#: 578495-398

Re: BR HENDERSON BEACH, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

SECRETARY OF FLORIDATE FLO

## 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: BR HENDE	RSO	N BEACH	H, LLC		
2 (	a١	712 Fifth Avenue, Floor 9		(b) 27777 Franklin, Suite 900			
۷. (	u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	:	_ (0)	<del></del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		New York NY 10019	_		Southfield	d, MI 48034	
		02/23/2016			M1600000	01495	
3.		Date of filing/registration in Florida		4.		Document number	
5.	(a)	NRAI Services, Inc.					
	(4)	Registered Agent and Registered Office shown on the record	is of the	e Florida I	Dept. of State	::	
		1200 South Pine Island Road					
		Registered Office Address (MUST BE FLORIDA STRE	EET AL	DRESS)			
						F. O.L.	
		Plantation	, FL_	33324		T APR	
(1	o1 \	Comparation Social Company				26 26	
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Regist	tered O	ffice addr	ess:	PH	
						2: 2:	
		1201 Hays Street					
		NEW Registered Office Address:					
		Tallahassee	, FL_	32301	_		
the age	cha nt v :/we	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite creating acreement of organization or the operating agreement of	ss of the d liab ers of	he regist bility con the limit mited lia	ered office npany, it is ed liability ability com	e and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.	
Si	enat	ture of a nember or authorized representative of a member		JIII CI	imi, Autho	Printed or typed name of signee	
I he pro the to n	erei visi obl nere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change.	l agred blete p vided ss, I hë	e to act i erforma for in Ci ereby cor	n this cape nce of my c hapter 605 ifirm that	acity. I further agree to comply with the	
Sign	natu	Lace C: Kuble re of Registered Agent Corporation Service Compar	ny	BY: Gra	ace E. Kir	by, Asst. Vice President	

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