## MIGOLOUASS

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

Office Use Only



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04/26/17--01025--030

J. HARRIS



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#: 578495-088

Re: BR ARCHCO ESM, 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.

QUCA.XCOA

## 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.

	ame of the limited li		ly: BRAKCHOO			/ Fundin Dand Cuite O		
2. (a)	712 Fifth Avenue, 9th Floor  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			(t	(b) 27777 Franklin Road, Suite 900  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	New York	NY	10019	<del></del>	Southfie	eld, MI 48034		
	04/08/2016				M16000	002953		
3.	Date of fil	ing/registratio	n in Florida	4.		Document number		
5. (a)	NRAI Services,	inc.						
3. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	1200 South Pine	Island Road						
	1200 South Pine Island Road  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
	<b>B</b>	**************************************			-		<b>4 2</b>	
						_	APR	
	Plantation		, FI	L 33324	1		25 SEE	
						_		
(b)	Corporation Servi	ce Company						
	Enter name of NEW R	egistered Agent	and/or <u>NEW Registered</u>	d Office ad	dress:	_	. 22	
							<b>2</b> 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
	1201 Hays Street							
	NEW Registered Office	ce Address:						
						_		
	Tallahassee		, FI	<u> 32301</u>		- <del></del>		
the cha agent v was/we	inge or changes are i vill be identical. Or	made, the Flor , in the case of affirmative vo	ida street address of a Florida limited li ote of the members	f the reginability constants of the limited li	stered officompany, it nited liabili liability con	lorida, it is hereby confice and the business office is hereby confirmed that ty company or as otherwingany.  Orized Person	ce of the register at the change(s)	
Signat	ture of a nember or auth	orized representa	tive of a member			Printed or typed name of s	signee	
	by accept the appoin	ntment as regis	stered agent and ag	ree to act	t in this cap	pacity. I further agree to duties, and I am famili	o comply with that with ar with and acce	
provisi he obl to mere notified	t in writing of this c	nange.	ed agent as provide ed office address, I	ed for in ( hereby c	Chapter 60 onfirm thai	duties, and I am famili 15, F.S. Or, if this docur t the limited liability con	ment is being file mpany has been	
provisi he obli to mere notified	ons of all statutes regations of my positively reflect a change din writing of this contact of the conference of Registered Agent (	nange. 1				15, F.S. Or, if this docum the limited liability con irby, Asst. Vice Presid		