MIMMELLELATI

(Reque	stor's Name)						
(Addre	ss)						
(Addre	ss)						
(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificate	s of Status					
Special Instructions to Filin	ng Officer:						

Office Use Only



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17 APR 26 PH 2: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren APR 2 8 2017



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#: 578495-101

Re: BR BEACH HOUSE DST MANAGER, 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.

1.	Na	me of the limited liability company	y: BR BEACH HOU	JSE DST	MANAGER,	LLC		
2.	(a)	712 Fifth Avenue, 9th Floor Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (b)	Mai	Franklin Road, Suite 900 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		New York NY	10019		Southfield, I	MI 48034		
•		04/08/2016 Date of filing/registration	in Plosido	- 4.	M160000029	979 ocument number		
3.		Q Q	in riorida	4.	D	beament namber		
5.	(a)	NRAI Services, Inc. Registered Agent and Registered Office sl	hown on the records of th	he Florida	Dent of State			
	1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET AD				DRESS)			
		Plantation	, FL_	33324		LAHASSE	.	
	(b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered (Office address:		E. FLORIDA	ED PH 2:06	
		1201 Hays Street NEW Registered Office Address:				D '	, , -	
		Tallahassee	, FL_	32301				
the age	e cha ent was/we	imited liability company is not organge or changes are made, the Flori will be identical. Or, in the case of creathorized by an affirmative voices of organization or the operating	da street address of t a Florida limited lia te of the members of ag agreement of the l	the regist bility con the limi	ered office ar npany, it is he ted liability co	nd the business office ereby confirmed that company or as othery	ce of the registered the change(s)	
		Jee E. When		Jill C	ilmi, Authorize		 	
I i pre the to no	herel ovisi obli mere tified	by accept the appointment as registions of all statutes relative to the prigations of my position as registered in writing of this change.	tered agent and agre oper and complete j ed agent as provided ed office address, I h	ee to act performa I for in C ereby co	in this canaci	rinted or typed name of s ity. I further agree t ties, and I am famili T.S. Or, if this docur c limited liability cor	o comply with the	
Si	gnatu	re of Registered Agent Corporation Se	ervice Company	BY: Gr	ace E. Kirby	, Asst. Vice Presid	dent	