## MILLEUCCUS7

(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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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#: 578496-013

Re: BR NCC BOCA APOK OWNER, 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.

Name of the limited liability company: BR NCC BOCA APOK OWNER, LLC								
2	(a)	27777 Franklin Road, Suite 900 Principal office address of limited liability company:		_ (b)	27777 Franklin Road, Suite 900  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	(4)			_ (0).				
		(Note: MUST BE STREET A	IDDRESS)			( <u>Note: MAY BE PUST UI</u>	<u>FFICE BU</u>	<u>'A</u> )
		Southfield, MI	48034	<del></del>	Southfield, MI 48034			
		008/03/2016		_	M160000	06187		
3.		Date of filing/registration in	n Florida	4.		Document number		
5.	(a)	NRAI Services, Inc.				_		
	` /	Registered Agent and Registered Office sho	wn on the records of th	ne Florida I	Dept, of State	- 3:		
		1200 South Pine Island Road				_		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
						_	: پھید	
		Plantation	. FL	33324			7 AI	(F)
						-	APR 2	নিন্ধী নিন্ধী <del>না</del>
	(b)	Corporation Service Company				-	on.	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					三	
		1201 Hays Street					AM 11: 22	
		NEW Registered Office Address:	<del></del>			-	N	₩., ₩.,
						-		
		Tallahassee	, FL_	32301		_		
the ag	e cha ent v as/we	mited liability company is not organ nge or changes are made, the Florida vill be identical. Or, in the case of a creathorized by an affirmative vote cles of organization or the operating	street address of t Florida limited lial of the members of	the regist bility cor the limi	ered office npany, it is ted liabilit	e and the business office s hereby confirmed that y company or as otherw	of the ro the chan	egistered ge(s)
_		Jee & lilner		Jill C	lmi, Autho	rized Person		
		ure of a member or authorized representative				Printed or typed name of sig	-	
pr the 10	ovisi e obl mere tified	by sweept the appointment as register ons of all statutes relative to the proj igations of my position as registered ly reflect a change in the registered I in writing of this change.	ed agent and agre per and complete p agent as provided office address, I h	e to act i performa for in Cl ereby co	in this cape nce of my c hapter 605 afirm that	acity. I further agree to duties, and I am familia i, F.S. Or. if this docum the limited liability com	comply r with an ent is be pany has	with the id accept ing filed s been
Si	<u>X</u>	Space Construction Server of Registered Agent Corporation Server	vice Company	BY: Gr	ace E. Kir	rby. Asst. Vice Preside	ent	