

M16000006420

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(City/State/Zip/Phone #)

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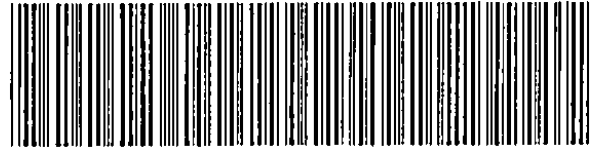
(Business Entity Name)

(Document Number)

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 5/7/20

NAME: BMHCP HOMES LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

AttHodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BMHCP Homes LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Friedman

Name of Person

Platinum Filings LLC

Firm/Company

3023 Ave J

Address

Brooklyn, NY 11210

City/State and Zip Code

agent@platinumfilings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Sauber

Name of Person

at (718) 705-9886

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FC
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. Name of the limited liability company: BMHCP Homes LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

650 FIFTH AVENUE, 16TH FLOOR NEW YORK, NY 10019

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

650 FIFTH AVENUE, 16TH FLOOR NEW YORK, NY 10019

03/20/2017

3. Date of filing/registration in Florida

MI7000002335

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Stroud, Rhonda

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

201 Sun Terrace Suite D

Tampa

, FL 33613

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Platinum Agent Services LLC

NEW Registered Office Address:

155 Office Plaza Dr

Tallahassee

, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after a change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Nabil Eliya

Signature of a member or authorized representative of a member

Nabil R. Eliya

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Steven Friedman

Signature of Registered Agent

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

2020 MAY -7 AM 9:28