M17000001348

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SECRETARY OF STATE

S Warren MAY 2 6 2017

CORPORATION SERVICE COMPANY 1201 Hays Street

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195				
	REFERENCE	:	6587-21	7965870				
	AUTHORIZATION	. د	Syrets &	ena.				
	COST LIMIT	:	\$ 25.00					
ORDER DATE :	May 25, 2017							
ORDER TIME :	3:34 PM							
ORDER NO. :	658721-015							
CUSTOMER NO:	7965870							
CHANGE OF AGENT								
NAME:	ESTATES BH, L	LC						
PLEASE RETURN	THE FOLLOWING AS	PRO	OF OF FI	LING:				

EXAMINER'S INITIALS:

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. N	Name of the limited liability company: Estates BH,	LLC				
2. (a)		(b)	.,			
2. (u	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	848 Brickell Avenue PH1		848 Brickell Avenue PH1			
	Miami, Florida 33131	i	Miami, Florida 33131			
	02/13/2017	M	M17000001348			
3.	Date of filing/registration in Florida	4.	Document number	Ī		
5. (a	Tim Sanders					
٥. (د	Registered Agent and Registered Office shown on the records of	f the Florida D	ept, of State:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	4-1			
	848 Brickell Avenue PH1		至後 \$			
	Miami, F	L_33131		FILI PHAY 25 PHAY 25		
(b	Corporation Services Company		FILED Y 25 AM			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addr	ess:	FLORID		
	NEW Registered Office Address:					
	1201 Hays Street			•		
	Tallahassee , F	32301				
the clagent was/	e limited liability company is not organized under the la hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	of the registe liability con of the limit he limited lia	ered office and the business of spany, it is hereby confirmed ed liability company or as of	office of the registered I that the change(s)		
Sig	natur of member or authorized representative of a member		Printed or typed name	e of signee		
I her provi the o	reby accept the appointment as registered agent and agistions of all statutes relative to the proper and complet bligations of my position as registered agent as providuely reflect a change in the registered office address, and in writing of this change.	gree to act i te performa ted for in Cl I hereby coi	n this capacity. I further ago nce of my duties, and I am fa napter 605, F.S. Or, if this d nfirm that the limited liability	ree to comply with the miliar with and accept ocument is being filed v company has been		
nong.	M.	Meliss	sa Zender			
Signa	iture of Registered Agent	Asst. Vi	ce President			
		T	TT 00014			

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