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SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT MAY 2 6 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 658721 7965870

AUTHORIZATION : Spelle Ble Mile

COST LIMIT : \\$\\25'\.00

ORDER DATE: May 25, 2017

ORDER TIME : 3:34 PM

ORDER NO. : 658721-020

CUSTOMER NO: 7965870

CHANGE OF AGENT

NAME: ENCLAVE BW, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

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	ame of the limited liability company: Enclave BW	/, LLC	····		
2. (a)	Principal office address of limited liability company:		(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			040 D :	(Note: MAY BE POST OFFICE BOX)
	848 Brickell Avenue PH1			848 Bric	kell Avenue PH1
	Miami, Florida 33131			Miami, F	Florida 33131
	02/13/2017			M170000	01349
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	Tim Sanders				
J. (L)	Registered Agent and Registered Office shown on the records of	of the Flor	ida	Dept. of State):
	Registered Office Address (MUST BE FLORIDA STREE)	T ADDRE	SS	<u> </u>	
	848 Brickell Avenue PH1				
	Miami . F	3313	1		
· ···(b)	Corporation Services Company				至8
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			聖馬丁	
					ASSET 25 FE
	NEW Registered Office Address:				Fig. = C
	1201 Hays Street			·····	LOAL OR
	Tallahassee, F	3230	1		
the cha agent v	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of arganization or the operating agreement of the	of the re liability of the l e limite	gis co im d l	tered office mpany, it is ited liability ability com	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.
Signa	ture of a member or anthorized relative of a member	<u> </u>	rna	aud Karse	Printed or typed name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address.	gree to a le perfor led for it I hereby	ict mo n C	in this cape ince of my d hapter 605 infirm that i	acity. I further agree to comply with the
notifie	d'in writing of this change. M. Tanka			a Zender	
Signatu	re of Registered Agent	Asst. V	Vic	e Preside	ent
	Division of Companytions D.O.	Dan 62	~~	. 20.11.1	EI 22214

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