

12/22/2017

Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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LLC REGISTERED AGENT CHANGE BOF FL FOUNTAIN SQUARE LLC

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S. WARREN DEC 2 2 2017

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.

. Nar	me of the limited liability company: BOFFLFOUN	TAINSQ	FARELLC				
(a)		(o)	failing address of limited liability company:			
. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Aniling address of limited liability company: (Note: MAY BE POST OF FICE BOX)			
			111ESEGOLHLYDR,STE400,SANDY,UT84070				
	11/03/2017						
·•	Date of filing/registration in Florida CORPORATIONSERVICECOMPANY						
·. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	Registered Office Address (MUST BE FLORIDA STREET						
	TALLAHASSEE			17 DEC			
(b)	Enter name of NEW Registered Agent and/or NEW Registered CTCorporationSystem						
	NEW Registered Office Address	* ************************************					
	1200SouthPineIslandRoad						
	Plantation	FL_33324		_			
he cha igent v was/we he arti Signa	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the reg d liability is of the li the limited	gistered offic- company, it i mited liabilit I liability cor cphanicBoch	e and the districts of the register's hereby confirmed that the change(s) by company or as otherwise provided in appany. Printed or typed name of signee			
I herei provisi he obl to mere notifice	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	ete perjor vided for u s, I hereby	ct in this cap mance of my Chapter 60, confirm that	acity. I further agree to comply with the duties, and I am familiar with and acces, F.S. Or, if this document is being fill the limited liability company has been			
	re of Registered Agend						

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