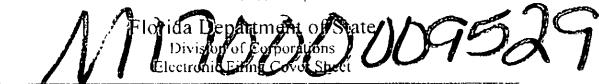
Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please Email Address:___

₩

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN # BCI-OEF MIAMI DC IV LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

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Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

State: BCI-OEF Miami DC IV LLC	
Enter new principal office address, it applicable:	
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
MAY BE A POST OFFICE BOX)	
2. The Florida document number of this timited lie	
3. Jurisdiction of its organization: Delaware	लिंद ह
4. Date authorized to do business in Florida: Nov	ember 8, 2017
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company: B (mus	Cl Miami DC IV LLC st contain "Limited Liability Company," "L.L.C.," or "LLC.")
	I for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the next registered office as	ed officer address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida
	City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

If Changing Registered Agent, Signature of New Registered Agent

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:				
Title/ Capacity	Name	Address	Type of Action	
			bbA⊡	
			Remove	
			Add	
			Remove	
<u></u>		······	THE PARTY OF THE P	
			D Add	
			Remove	
<u></u>			Add	
			Remove	
aforementioned ar	ficate, if required: no more than 9 nendment(s), duly authenticated by the law of which this entity is are	y the official having custody of record.	s in the	
	Signature o	I the authorized representative		
	Sarah Wadsworth			

Filing Fee: \$25.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'BCI-OEF MIAMI DC IV LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'BCI MIAMI DC IV LLC' ON THE TWENTY-THIRD DAY OF JULY, A.D. 2018, AT 6:11 O'CLOCK P.M.

6539901 8320 SR# 20185812317 Authentication: 203117562

Date: 07-24-18