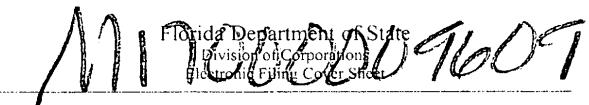
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002134653)))



H180002134653ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (934)208-0845 Phone

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

8

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BCI-OEF TAMARAC COMMERCE CENTER III LEC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu 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)

Name of limited liability Company as it up State: BCI-OEF Tamarac Commerce Cente	•	ia Department of	
Enter new principal office address, if applical			
(<u>Principal office address</u> MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address			
MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limit	ed liability company is: M170000	096119	
3. Jurisdiction of its organization: Delaware		海绵 莲	
4. Date authorized to do business in Florida:			
SECTION II (5-9 complete only the applications of the section of t	able changes)	2000	
5. New name of the limited liability company	BC! Tamarac Commerce Center (must contain "Limited Liability C	Ompany, ""L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name add copy of the written consent of the managers o must contain "Limited Liability Company,"	r managing members adopting the	ng business in Florida and attach a salternate name. The alternate name	
6. If amending the registered agent and/or reg registered agent and/or the new registered offi	istered officer address on our receice address here;	ords, enter the name of the new.	
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida Street Address	
		, Florida	
	City		

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.

If Changing Registered Agent, Signature of New Registered Agent-

d Capacity Name	Address	Type of Action
	<u></u>	Add
		Remov
		Add
	A 4844 A 444 A	SECON MERCHANT
		SSERGOA
		P Remove
		Add
		Remove
		Add
trached is a configure if required no more than 0	A days ald anidancing the	Remove
strached is a certificate, if required: no more than 9 forementioned amendment(s), duly authenticated burisdiction under the law of which this entity is org	y the official having custody of record	s in the

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 TAMARAC COMMERCE CENTER III LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'BCI TAMARAC COMMERCE CENTER III LLC' ON THE TWENTY-THIRD DAY OF JULY, A.D. 2018, AT 6:18 O'CLOCK P.M.

Authentication: 203117578

Date: 07-24-18