

M17000009805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500311376695

04/02/18--01033--004 **25.00

FILED
2018 APR 19 AM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
APR 20 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2018

KELLY TRAHAN
6451 N FEDERAL HIGHWAY, SUITE 112
FT LAUDERDALE, FL 33308 US

SUBJECT: BOF FL 5601 HIATUS LLC
Ref. Number: M17000009805

We have received your document for BOF FL 5601 HIATUS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 518A00006584

RECEIVED

2018 APR 19 AM 11:05

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOF FL 5601 HIATUS LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly TRAHAN
Name of Person

BRIDGE COMMERCIAL REAL ESTATE
Firm/Company

6451 N. FEDERAL HIGHWAY, SUITE 112
Address

FORT LAUDERDALE, FL 33308
City/State and Zip Code

K.TRAHAN@BRIDGE16.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly TRAHAN at (954) 771-1175
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BO F FL 5601 HIATUS, LLC

Enter new principal office address, if applicable: _____

(Principal office address

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 limited liability company is: M17000009805

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 11/17/17

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

2018 APR 19 AM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>John Ward</u>	<u>Five Concourse Parkway, Suite 500</u> <u>Atlanta, GA 30328</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Kelly Kuykendall</u>	<u>Five Concourse Parkway, Suite 500</u> <u>Atlanta, GA 30328</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Julian Boardman</u>	<u>Five Concourse Parkway, Suite 500</u> <u>Atlanta, GA 30328</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Kemp Amason</u>	<u>Five Concourse Parkway, Suite 500</u> <u>Atlanta, GA 30328</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Kelly Trahan</u>	<u>6451 N. Federal Highway, Suite 112</u> <u>Fort Lauderdale, FL 33308</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Jonathan Slager
Typed or printed name of signee

Filing Fee: \$25.00

2018 APR 19 AM 2:56
FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA