M1000010292

(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.								

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Jul 3 1 mm

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 372060 8294052								
AUTHORIZATION: Sypella le man.								
COST LIMIT : \$ 25.00								
ORDER DATE : July 30, 2020								
ORDER TIME : 12:14 PM								
ORDER NO. : 372060-010								
CUSTOMER NO: 8294052								
CHANGE OF AGENT								
NAME: BOP NEST DOMAIN JV LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Amanda Robinson 62968								
EXAMINER'S INITIALS:								

COVER LETTER

TO:

Registration Section

Division of Corporations BOP NEST DOMAIN JV LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (Area Code & Davtime Telephone Number Name of Person Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy INHS18 (2/14)

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.	Na	me of the limited liability company: BOP NEST DOM	/L NIAN	/ LLC				
2. (a)		(b)				
,		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	, <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
			_					
		12/6/2017		M17000010)292			
 3. 5. 	(a)	Date of filing/registration in Florida Hernandez, Harvey	4.		Document number			
Ì	` '	Registered Agent and Registered Office shown on the records of the NE 1st Avenue	he Florid	la Dept. of State	- ::	. ~		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>'S)</u>	ARZO JUL 30			
		Miami	33132		AHASSEE		FILE	
(1	b)	Enter name of NEW Registered Agent and/or NEW Registered (Corporation Service Company	ີ ຫຼື ຫຼື	AH 9: 42 Y OF STATE	D			
		NEW Registered Office Address:			•			
		1201 Hays Street						
		Tallahassee, FL_	32301					
char ager was, the a	ige it w /we arti	mited liability company is not organized under the law or changes are made, the Florida street address of the roll be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member	register bility co f the lin imited	ed office and ompany, it is nited liability liability com	I the business office of hereby confirmed that company or as otherw	the regist the chang vise provid	ered ge(s) ded in	
Sig	gnat	ure of a member or authorized representative of a member			Printed or typed name of s.			
I he prov the o to m noti,	eret visio obli vere fiea	by accept the appointment as registered agent and agreent on sof all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.				comply v r with and ient is bei ipany has	vith the d accept ng filed been	
Sign	atur	re of Registered Agent funanda E	100	Kummel. Amanda Naturuan mass. vic	to Plantami			