

M170000 10304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

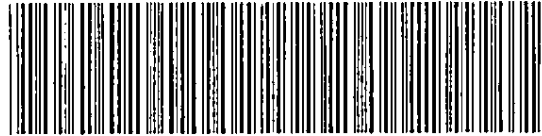
(Document Number)

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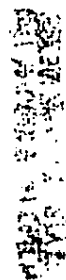


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RECEIVED

2020 JUL 30 PM 2:03

2020 JUL 30 PM 1:11



R/A 26

C. GOLDEN

AUG 19 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 372060 8294052
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : July 30, 2020
ORDER TIME : 12:14 PM
ORDER NO. : 372060-015
CUSTOMER NO: 8294052

CHANGE OF AGENT

NAME: BOP NEST DOMAIN TRS 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

SUBJECT: BOP NEST DOMAIN TRS LLC

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:

Name of Person

at (_____) _____

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2020

RESUBMIT
Please give original
submission date as file date.

CORPORATION SERVICE COMPANY
BOP NEST DOMAIN TRS LLC

SUBJECT: BOP NEST DOMAIN TRS LLC
Ref. Number: M17000010304

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE ADDRESSES FOR #2. (A) AND (B).

Please return 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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 020A00014372

RECEIVED
2021 AUG 18 PM 2:30

**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. Name of the limited liability company: BOP NEST DOMAIN TRS LLC

2. (a) 250 Vesey St., 15th Floor (b) 127 Public Square, Suite 3200

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

New York, NY 10281

Cleveland, Ohio 44114

12/6/2017

M17000010304

3. Date of filing/registration in Florida

4. Document number

5. (a) Hernandez, Harvey

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

14 NE 1st Avenue

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Penthouse

Miami, FL 33132

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Amanda M. Seewald, Authorized Representative

Printed or typed name of signee

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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00