M18000000 324

(Requestor's Name)				
(Address)				
(Add	ress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nan	ne)		
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2019 FEB -5 PK 3: 25





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel O'hayer rachel.ohayer@cscglobal.com

Date: February 1, 2019

Order#: 610772-015

Re: BEB PARTNERS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Rachel O'hayer

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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. N	ame of the limited liability company: BEB PARTNE	RS LLC		
2. (a)	777 SOUTH FLAGLER DR Principal office address of limited liability company:	(t	(b)	
	(Note: MUST BE STREET ADDRESS) SUITE 800 WEST		(Note: MAY BE POST OFFICE BOX) SUITE 800 WEST	
	3011E 800 WEST		3011E 000 WE31	
	WEST PALM BEACH, FL 33401		WEST PALM BEACH, FL 33401	
	01/11/2018		M18000000324	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
	Registered Agent and Registered Office shown on the records o	f the Florid:	da Dept. of State:	
	777 SOUTH FLAGLER DR			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>sa</u> 28	
	SUITE 800 WEST		2013 FEB	
	WEST PALM BEACH F	I. <u>33401</u>	01 ASS	
, (b)			77 -0 -C	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	ddress: 3: 25	
	1201 Hays Street			
	NEW Registered Office Address:			
		· · · · · ·		
	Tallahassee . F	L_32301	1	
the cha agent v was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regi: lability co of the lim	sistered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in	
/e/	/s/ Benjamin E. Blank Benjamin E. Bla		njamin E. Blank, Manager	
Signa	Signature of a member or authorized representative of a member		Printed or typed name of signee	
provis. the obi to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act e performed ed for in C hereby co	ct in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is heing filed confirm that the limited liability company has been	
	Grace E. Kirby			

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President