

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H19000106832 3)))



H190001068323ABC/

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 : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON
Account Number : 120060000135
Phone : (305) 789-3200
Fax Number : (305) 789-4137

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

Email Address: aherzowitz@stearnsweaver.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BREF 1900 LLC

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$60.00 |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 APR - 1 AM 3:39

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

43863.0001

K SALY
APR -2 2019

H19000106832 3

**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: BREF 1900 LLC

Enter new principal office address, if applicable: No change

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

No change

2. The Florida document number of this limited liability company is: M19000002906

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/20/2019

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

5. New name of the limited liability company: No change
(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: No change

New Registered Office Address:

Enter Florida Street Address

City, Florida 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

H19000106832 3

FILED
19 APR - 1 AM 3:39
TALLAHASSEE, FLORIDA
OFFICE OF STATE

H19000106832 3

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

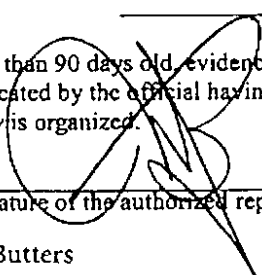
No change

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

Removing Malcolm Butters as Manager, see below.

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-----------------|---|--|
| Manager | Malcolm Butters | 6820 Lyons Technology Circle, Suite 100 | <input type="checkbox"/> Add |
| | | Coconut Creek, FL 33073 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input 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

Malcolm Butters

Typed or printed name of signee

Filing Fee: \$25.00

H19000106832 3

FILED
19 APR - 1 AM 3:39
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



April 1, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BREF 1900 LLC
C/O MALCOLM BUTTERS
6820 LYONS TECHNOLOGY CIR, STE 100
COCONUT CREEK, FL 33073US

SUBJECT: BREF 1900 LLC
REF: M19000002906

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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) 245-6051.

Octavia L Simmons
Regulatory Specialist III

FAX Aud. #: H19000104086
Letter Number: 219A00006375