7/9/2019



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:

REGISTERED AGENT CHANGE
BFIM SPECIAL LIMITED PARTNER, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT O BOTH FOR CORPORATIONS	R C
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the	is E
statement of change is submitted for a corporation organized under the laws of the State of ${rac{\Gamma U}{2}}$	<u> </u>
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: BFIM SPECIAL LIMITED PARTNER, INC.	election.
2. The principal office address: C/O BFIM, LP 101 ARCH ST, 13TH FLOOR BOSTON, MA 02110	
	786
3. The mailing address (if different):	
4. Date of incorporation/qualification: 08/28/2013   Document number: P00000062901	<u> </u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
CORPORATION SERVICE COMPANY	
1201 HAYS STREET	
TALLAHASSEE, FL 32301-2525	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
C T Corporation System	
c/o CT Corporation System, 1200 South Pine Island Road	
P.O. Box NOT acceptable	
Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	d agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
James S. Dailey, Jr., Authorized Agent	
Signature of an officer or director Printed or typed name and title	<del></del>
Thereby 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 obligation of my position as registe agent. Or, if this document is being filed merely to reflect a change in the registered office address, hereby confirm that the corporation has been notified in writing of this change.  CT Corporation System  By:  Stephanie Boehm July 4, 2019	red I
Signature of Registered Agent Assistant Secretary Date	<del></del>
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
7)

CR2E045 (03/12)