



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.

((H19000249163 3)))



H190002491633ABC2

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)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : 120160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

****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 | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

AUG 21 2019
C Kinsey

Electronic Filing Menu

Corporate Filing Menu

Help

(((H19000249163 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA 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.
2. The principal office address: 101 ARCH ST, 13TH FLOOR,
BOSTON, MA 02110
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/26/2000 Document number: P00000062901
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)

C T CORPORATION SYSTEM1200 SOUTH PINE ISLAND ROADStreet AddressPLANTATIONFL33324CityStateZip Code

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Capitol Corporate Services, Inc.515 East Park Avenue 2nd FlStreet AddressP.O. Box NOT acceptableTallahasseeFL32301CityStateZip Code

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

/s/Gregory VoyentzieGregory Voyentzie, PresidentSignature of an officer or directorPrinted or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Delanie CaseSignature of Registered Agent8-20-2019Date

If signing on behalf of an entity:

Delanie Case, Asst. Secretary on behalf of Capitol Corporate Services, Inc.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

CR2ED45 (03/12)

SECRET
TALLAHASSEE, FL

2019 AUG 20 AM 9:47

FILED

(((H19000249163 3)))