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.

Electronic Filing Cover Sheet

(((H18000266285 3)))



H180002662853ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

ш	Λ	٠
,	v	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

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

Email Address:		
----------------	--	--

LLC REGISTERED AGENT CHANGE BLUE NIGHT OWL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

K. SALY SEP 1 3 2018

Electronic Filing Menu Corporate Filing Menu

Help

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.

· un aa		NUCLIT	OWILLIC	
I. Na	ame of the limited liability company: BLUE I	NIGHT	OWL, LLC	
2. (a)	3030 N. Rocky Point Dr. STE 150A	(b)	3030 N. Rocky Point Dr. STE 150	Α
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Tampa FL 33607		Tampa FL 33607	
	06/06/2016	L	L16000112778	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	WEIZENECKER, TIM			
). (a)	Registered Agent and Registered Office shown on the record	ds of the Florida	a Dept of State:	
	8264 WILD OAKS WAY			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		a SF	44
			P. P.	
	LARGO	_{FL} 33733	12 E FLORID	T
		<u></u>		Ċ
(b)	Registered Agents Inc.		<u> </u>	
	Enter name of NEW Registered Agent and/or NEW Regist	tered Office add	Idress:	
	3030 N. Rocky Point Dr.			
	NEW Registered Office Address:			
	STE 150A	·		
	Tampa	.FL 33607	7	
the chagent was/w the art Sign I hero provise the object to men	limited liability company is not organized under the ange or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limitative authorized by an affirmative vote of the membricles of organization or the operating agreement of a number or authorized representative of a member explained and comparisons of all statutes relative to the proper and compligations of my position as registered agent as provided reflect a change in the registered office addressed in spriting of this change.	ss of the regis ed liability co pers of the limited li f the limited li Rile	ompany, it is hereby confirmed that the change(s nited liability company or as otherwise provided liability company. ey Park Printed or typed name of signee	in

Division of Corporations • P.O. Boy 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

-President

Bill Havre

Signature of Registered Agent