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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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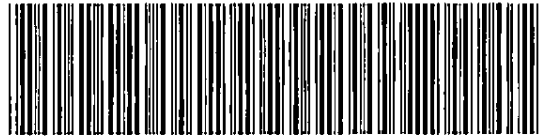
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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115 N CALHOUN ST., STE. 4  
 TALLAHASSEE, FL 32301  
 P: 866.625.0838  
 F: 866.625.0839  
 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 02/04/2019

Name: Merritt Walker

Reference #: 1043293

Entity Name: BLUEPRINT TEST PREPARATION LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other \_\_\_\_\_

Authorized Amount: \$25

Signature: WW

✉ CORPORATE HQ  
 COGENCY GLOBAL INC.  
 10 E 40<sup>TH</sup> ST, 10<sup>TH</sup> FL  
 NY, NY 10016  
 D: +1.212.947.7200  
 P: 800.221.0102  
 F: 800.944.6607

✉ EUROPEAN HQ  
 COGENCY GLOBAL (UK) LIMITED  
 REGISTERED IN ENGLAND & WALES,  
 REGISTRY #8010712  
 6 LLOYDS AVE, UNIT 4CL  
 LONDON EC3N 3AX  
 +44 (0)20.3961.3080

✉ ASIA PACIFIC HQ  
 COGENCY GLOBAL (HK) LIMITED  
 A HONG KONG LIMITED COMPANY  
 UNIT B, 1/F, LIPPO LEIGHTON TOWER  
 103 LEIGHTON RD, CAUSEWAY BAY  
 HONG KONG  
 P: +852.2682.9633  
 F: +852.2682.9790

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLUEPRINT TEST PREPARATION LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah K. Turner

Name of Person

Firm/Company

10 South Wacker Drive

Address

10 South Wacker Drive Chicago, Illinois 60606-7507

City/State and Zip Code

dtuner@reedsmith.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah K. Turner

Name of Person

at ( 312 )

207-1000

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: BLUEPRINT TEST PREPARATION LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
110 S. Fairfax Ave. Suite 250  
LOS ANGELES, CA 90036

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

3. 02/27/2012 Date of filing/registration in Florida

4. M12000001132 Document number

5. (a) NORTHWEST REGISTERED AGENT LLC  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
3030 N. ROCKY POINT DRIVE, STE 150A  
TAMPA, FL 33607

(b) COGENCY GLOBAL INC.  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
115 North Calhoun Street, Suite 4  
NEW Registered Office Address:  
Tallahassee, FL 32301

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Signature of a member or authorized representative of a member

MATTHEW RILEY Printed or typed name of signee

*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.*

[Signature]  
 Signature of Registered Agent