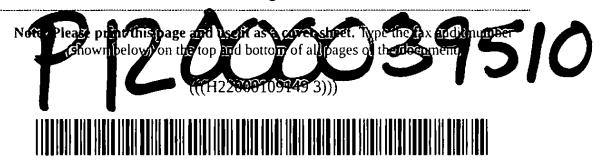
Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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 **BLUEAMBER CORPORATION**

Certificate of Status Certified Copy 0 02 Page Count Estimated Charge \$35.00

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HeA. BUTLER MAR 25 2022

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

statement of cha	provisions of sections 607.0502, 617.0502 unge is submitted for a corporation organi	zed under the laws of the State of <u>F</u>	lorida	
	er to change its registered office or registe	•	lorida.	
	the corporation: Blueamber Corporat			
2. The principal	office address: 7901 4th St N STE 30	00 St. Petersburg FL 33702		
3. The mailing a	address (if different): 7901 4th St N S	TE 300 St. Petersburg FL 33	702	
4. Date of incor	poration/qualification: 04/26/12	Document number: P120000	039510	
	d street address of the current registered agramment of State: (If resigned, enter resigned		h the	
	EDUARDO MORILLO			
	34 PARKER SPRING AVE			
	CARLISLE, FL 17013		2022 MAR 24 SECRETAR TALLAHI	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Northwest Registered Agent	LLC	SS F	,
	7901 4th St N STE 300		AM 10: 28 ASSEE, FL	
	P.O. Box St. Petersburg FL 33702	NOT acceptable	28 FATE FL	
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its	registered agent,	
Such change wauthorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an clifted in writing of the change.	officer so	
<i>EDWTR IX</i> Signati	7 MAR ILLO	EDUARDO MORILLO, Printed or typed name and title		
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the sbeen notified in writing of this change.	l agree to act in this capacity, ites relative to the proper and comp gation of my position as registered registered office address, I hereby	plete performance agent. Or, if this y confirm that the	
Ton Gl	ove_	03/24/2022		
Sig	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Tom Glove				
τ	'yped or Printed Name			
	* * * FILING FE	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)