SIGNATURE: SHAWN WILSON

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 5300 WEST CYPRESS STREET

Entity Name: BLUE CASL ORLANDO, LLC

SUITE 200 TAMPA, FL 33607

Current Mailing Address:

DOCUMENT# L18000259485

5300 WEST CYPRESS STREET SUITE 200 TAMPA, FL 33607 US

FEI Number: 83-4028487

Name and Address of Current Registered Agent:

WILSON, SHAWN 5300 WEST CYPRESS STREET SUITE 200 TAMPA, FL 33607 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	BLUE ORLANDO, LLC	Name	CASL ORLANDO, LLC
Address	5300 WEST CYPRESS STREET SUITE 200	Address	2911 FRUITVILLE ROAD
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	SARASOTA FL 34237

oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

MANAGER OF MANAGER 03/25/2020

FILED Mar 25, 2020 Secretary of State 1584947532CC

Certificate of Status Desired: Yes

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under that my name appears above, or on an attachment with all other like empowered.

Date

Date