

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000001359

Entity Name: BLAZE CAPITAL PARTNERS, LLC

Current Principal Place of Business:

C/O BLAZE CAPITAL PARTNERS, LLC
850 MORRISON DRIVE SUITE 575
CHARLESTON, SC 29403

Current Mailing Address:

C/O BLAZE CAPITAL PARTNERS, LLC
850 MORRISON DRIVE SUITE 575
CHARLESTON, SC 29403 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Date

Authorized Person(s) Detail :

Title MANAGER
Name O'BRIEN, EDWARD
Address C/O BLAZE CAPITAL PARTNERS, LLC
 850 MORRISON DRIVE SUITE 575
City-State-Zip: CHARLESTON SC 29403

Title MANAGER
Name RILEY, CHRISTOPHER
Address C/O BLAZE CAPITAL PARTNERS, LLC
 850 MORRISON DRIVE SUITE 575
City-State-Zip: CHARLESTON SC 29403

Title MANAGER
Name UNTI, PATTI
Address C/O BLAZE CAPITAL PARTNERS, LLC
 850 MORRISON DRIVE SUITE 575
City-State-Zip: CHARLESTON SC 29403

Title MANAGER
Name PINEWSKI, MICHAEL
Address C/O BLAZE CAPITAL PARTNERS, LLC
 850 MORRISON DRIVE SUITE 575
City-State-Zip: CHARLESTON SC 29403

Title AUTHORIZED AGENT
Name O'BRIEN, EDWARD
Address C/O BLAZE CAPITAL PARTNERS, LLC
 850 MORRISON DRIVE SUITE 575
City-State-Zip: CHARLESTON SC 29403

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 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 that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD O'BRIEN

AUTHORIZED AGENT

04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date