200 UNIFORM BUSI	NESS REPO	RT (UBR)		1902025
DOCUMENT # LOOOOC 1. Entity Name BLUE-CHIP-SPORTS, LLC	0008177			, 155 - 25
Principal Place of Business 269 NW 7TH ST. #118 MIAMI FL 33136	Mailing Address 269 NW 7TH ST. #118 MIAMI FL 33136		FILED 01 JUN 21 AM 11:41 - SECRETARY ATTEMPTOR MANAGEMENT AND MA	1 11 11111
2. Principal Place of Business 4100 NE 157 Av. Suite, Apt. #, etc.	Suite, Apt. #, etc.	IST AN.	DO NOT WRITE IN THIS SPACE	
City & State Miani, FL- Zip Country 33137 USA. 6. Name and Address of Current R	City & State Micani FL Zip 33137	Country U.S.A.	4. FEI Number Applie (5 - 10 340 Not Applie 5. Certificate of Status Desired S5.00 Addition Fee Required 7. Name and Address of New Registered Agent	oplicable
ROUZAN, REGINALD G 269 NW 7TH ST. #118 MIAMI FL 33136	-graverse regult	Street Address 4.180 City Mia	eginald G-Rouzan s (PO. Box Number is Not Acceptable) NE 1ST Av. #4	7
8. 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 Signafure, typed provided name of registered agent and title if Applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
	Make Check Pay	W!!! FEE IS \$50.00 able to Department	of State	i\
9. MANAGING MEMBER TITLE NAME STREET ADDRESS CITY-ST-ZIP MICHIEL RANAGING MEMBER Reginald G. Rouzon STREET ADDRESS UTO NE (TAU. #4 MICHIEL RANAGING MEMBER	S/MEMBERS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES Change	noilibby [
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004451178- -06/29/0101016011	-2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	************************************	Addition
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TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐] Addition
NAME ATTEMPT OF THE PROPERTY O	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Description 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes. SIGNATURE: Description 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.				