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(Business Entity Name)					
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COVER LETTER

TO: Registration Section Division of Corporations								
BLUE WATER IX, LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter	r to the following:							
Damaso W. Saavedra								
Name of Person								
Saavedra-Goodwin								
Firm/Company								
888 S.E 3rd Avenue, Suite 500								
Address								
Fort Lauderdale, Florida 33316								
City/State and Zip Code								
dpazo@saavlaw.com								
E-mail address: (to be used for future annual repo	ort notification)							
For further information concerning this matter, please of	call:							
Deanna Pazo 9	767-6333							
Name of Person	Area Code & Daytime Telephone Number							
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
Enclosed is a check for the following amoun	ıt:							
■ \$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.

l. Na	me of the limited liability company: BLUE WATER I	X, LLC				
2. (a)		4	b)			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	725 NE 26TH AVEFORT LAUDERDALE, FL 33304		725 NE 26	6TH AVEFORT LAUDER	DALE,	FL 33304
	05/30/2007		L07000056	6630		
3.	Date of filing/registration in Florida	- 4.		Document number		
	Saavedra Damaso W Eso					
5. (a)	Registered Agent and Registered Office shown on the records of		ia Dept. of Sta	nte:		
	Registered Office Address (MUST BE FLORIDA STREET 312 S.E. 17TH STREET SECOND FLOOR	ADDRES	<u>55)</u>	 	202	Ĉ.
	Fort Lauderdale , F	L_33316	<u>.</u>		2021 AUG 27	П
(b)	Saavedra, Damaso W, Esq.			%//SSE	27	
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office 2	ddress:		AM 9: 54	
	NEW Registered Office Address:				_	9
	888 SE 3rd Avenue, Suite 500			_		
	Fort Lauderdale, F	L_33316		_		
change agent was/we the art:	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a florida limited liere authorized by an affirmative voterof the members icles of organization or the operating agreement of the nure of a member or authorized representative of a member by accept the appointment as registered agent and agains of all statutes relative to the proper and complete ligations of all statutes relative to the proper and complete ligations of all statutes in the registered agent as provided by reflect a charge in the registered office address, I d in writing of this change.	ws of the register in the limited	red office are company, it mited liability con the company of the control of the	nd the business office of is hereby confirmed that ity company or as otherw mpany. Printed or typed name of single in the further agree to	the reg the charise pro	istered inge(s) vided in

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Signature of Registered Agent