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(((H160001512153)))



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From:

Account Name : C T CORPORATION SYSTEM

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**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE BLUEPEARL MASSACHUSETTS, LLC

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K. SALY **EXAMINER**

JUN 22

To:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY II16000151215 3

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.

i. Na	me of the limited liability company: BLUEPEARLS	MASSACHUSET	TS,ILC
2. (a)		(b)	
-1 (47)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
	2950BUSCHLAKEBLVD	2950	0BUSCHLAKEBLVD
	TAMPA,F1.33614		MPA,FL33614
	08/21/2013	1.1300	00118466
3.	Date of filing/registration in Florida	4.	Document number
i. (a)			
. (21)	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of State:
	SHAW.DARRYLS		
	Registered Office Address MUST BE FLORIDA STREE	TADDRESS)	
	2950BUSCHLAKEBLVD		
	TAMPA, FI, F	33614	
	, ,	- IJ	
(b)	Enter name of NEW Registered Agent and/or NEW Register		SECRETARY AILL VHP
(-,	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	IARY ASSE
	CTCorporationSystem		
	NEW Registered Office Address:		STA C
	1200SouthPineIslandRoad		RED
	Plantation ,	_{E1} 33324	<u> </u>
he chargent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the members of a member of	laws of the State of the registered liability compars of the limited I he limited liabili SharlinAle	of Florida, it is hereby confirmed that after doffice and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ty company. data
provis he obl to mer notifie CTC		ngree to act in the de performance ded for in Chapt I hereby confirm an Emrich stant Secretary	ns capacity. I further agree to comply with the of my duries, and I am familiar with and accepter 605, F.S. Or, if this document is being filed in that the limited liability company has been

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00