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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195 REFERENCE : 415075 8307562 AUTHORIZATION : \$ 25.00						
ORDER DATE : January 26, 2023						
ORDER TIME : 10:31 AM						
ORDER NO. : 415075-015						
CUSTOMER NO: 8307562						
CHANGE OF AGENT						
NAME: BLUEPRINT WEALTH MANAGEMENT, LLC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker EXT#						
EXAMINER:						

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.

1. N	Same of the limited liability company: BLUEPRINT W	/EALTH	MA	NAGEMENT, LL	C.		
2. (a)		,	(b)				
` .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)				
	340 HEALD WAY SUITE 226		;	340 HEALD WAY	Y SUITE 226		
	THE VILLAGES, FL 32163		-	THE VILLAGES,	FL 32163		
	12/02/2013		L.	3000166700			
3.	Date of filing/registration in Florida	 4.		Docum	ent number		
5. (a)						
. [,] . (a	Registered Agent and Registered Office shown on the records of	f the Flori	da D	ept, of State:			
	LASETER, KATHLEEN						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	340 HEALD WAY SUITE 226	· · · · · · · · · · · · · · · · · · ·					
	THE VILLACES	20162		-	~)		
	THE VILLAGES	J32163			£23		
					2023 FEB		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office of					
	Einer hame of NEW Registered Agent and/or NEW Registered	o (mice a	iuur		-		
	Corporation Service Company			_	M 9: 20		
	NEW Registered Office Address:						
	1201 Hays Street			<u></u>			
	Tallahassee	32301 اــــــــــــــــــــــــــــــــــــ					
chang agent was/w	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registe lability c of the li	red comp mite	office and the bu pany, it is hereby d liability compa	isiness office of the registered confirmed that the change(s)		
	/s/Natalie Logan	Na	atalie	Logan, Authori	zed Person		
Signature of a member or authorized representative of a member				Printed or typed name of signee			
provis the ob to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to ac perforn ed for in hereby c	et in nanc Che zonf	this capacity. I be of my duties, i pter 605, F.S. (irm that the limi	further agree to comply with the md I am familiar with and accept ir, if this document is being filed ted liability company has been		
/s/Grace E. Kirby				Grace E. Kirby, Asst Vice President			
Signat	ure of Registered Agent						