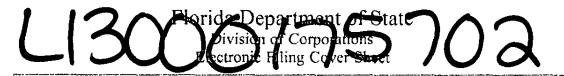
Division of Corporations



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(((H160001510953)))



H180001510953ABC

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LLC REGISTERED AGENT CHANGE BLUEPEARL ARIZONA, LLC

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ALLEMINATES FOR FLORIDA

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4' ... #

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

H160001510953

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: (

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.

| . (a) | | (b) _ | | | |
|------------------------------------|--|--|---|--|--|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (b) | | |
| | 2950BUSCHLAKEBLVD | 21 | 2950BUSCHLAKEBLVD | | |
| | TAMPA,FL33614 | | TARABA DI 22612 | | |
| | 12/20/2013 | LE | 1.13000175702 | | |
| | Date of filing/registration in Florida | 4. | Document number | | |
| . (a) | | | | | |
| (, | Registered Agent and Registered Office shown on the records SHAW.DARRYLS | of the Florida De | pt. of State. | | |
| | Registered Office Address (MUST BE FLORIDA STREE 2950BUSCHLAKEBLVD | ET ADDRESS) | | | |
| | TAMPA, FI. | 33614 FL | | | |
| | | | As the | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Register | | | | |
| | Enter name of NEW Registered Agent and/or NEW Register | red Office addres | | | |
| | CTCorporationSystem | | 7/3 7/3 | | |
| | NEW Registered Office Address: | | | | |
| | 1200SouthPineIslandRoad | | | | |
| | | <u>-</u> | | | |
| | Plantation | FL_33324 | | | |
| ie cha gent v as/w ie art | imited liability company is not organized under the ange 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 member icles of organization or the operating agreement of the contractions. | of the register l liability comp s of the limite | red office and the business office of the registere pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in | | |
| | radi Aller C | Sharlin | Aldao-Carrillo | | |
| - | nave of a member or authorized representative of a member | | Printed or typed name of signee | | |
| here | by accept the appointment as registered agent and ions of all statutes relative to the proper and comple ligations of my position as registered agent as prov ely reflect a change in the registered affice address. | agree to act in ele performanc | this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep- | | |

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

Ву