L14000058412

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Jagree						
GCT 1 8 2023						





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09/22/23--01013--025 **25.00

2023 SEP 22 AHTH: 22 .segretary of state

COVER LETTER

TO: Registration Section Division of Corporations							
Blue Marlin Capital, LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to	o the following:						
Paul C. Baker							
Name of Person							
Blue Marlin Capital, LLC							
Firm/Company							
3000 NE 39th Court							
Address							
Fort Lauderdale, Ft. 33308							
City/State and Zip Code							
dyermaker308@comcast.net							
E-mail address: (to be used for future annual report	notification)						
For further information concerning this matter, please cal	ŀ:						
Paul C. Baker 954	562-7942						
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						

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

■ \$25 Filing Fee

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.	No	ame of the limited liability company: Blue Marlin Capita	ıl, LL	C.		
2.	(a)	Blue Marlin Capital, LLC		(b)	Blue Mar	lin Capital, LLC
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)
		3000 NE 39th Street		3000 NE 39th Street		39th Street
		Fort Lauderdale, FL 33308	_		Fort Laud	erdale, FL 33308
		04/09/2014		I	14000058	412
3.		Date of filing/registration in Florida	4.	_		Document number
5.	(a)					
	` ′	Registered Agent and Registered Office shown on the records of the	ne Flor	ida	Dept. of Sta	18 SECR
		Registered Office Address (MUST BE FLORIDA STREET A.	<u>DDRE</u>	SS)		FILE P 22
					_	ED MIL: 22
			 -			
	(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office		recc.	- -
			,		•••••	
		3000 NE 39th Street	_			_
		NEW Registered Office Address:				
			<u> </u>			_
		Fort Lauchroad FL	3	<u>32</u>	808	_
cha aga wa	ange ent w s/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the li	egiste vility the li	erec con imit	l office an npany, it i ted liabilit	d the business office of the registered s hereby confirmed that the change(s)
		$(\mathcal{K}, \mathcal{K})$			C. Baker	
3	ignat	ute of a member or authorized representative of a member				Printed or typed name of signee
the to	visi vobli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pa igations of my position as registered agent as provided party ally reflect a change in the registered office address, I he I in writing of this change.	erton	111/11	ice of mu.	duties, and I am familiae with and account.

Signature of Registered Agent