To: Page 3 of 4 Division of Corporations

> Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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	Division of Corporations	5.1		
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	Account Name : C T CORPORATION SYSTEM	20 Mil	WU(	71
	Account Number : FCA00000023	<u>&gt;</u>	2	
	Phone : (850) 205-8842	0.5	$\sim$	· ·
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## LLC REGISTERED AGENT CHANGE BLUEPEARL NEW JERSEY, LLC

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Page Count	02
Estimated Charge	\$25.00



To:

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14105586265 From: CLS-FF Baltimore Fullfillment

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY H116000151236 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.

1. Name of the limited liability company: <u>BLUEPEARLNEWJERSEY,LLC</u>

2. (a)		(	o)	
_, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·/	Mailing address of limited liability company: (Nate: MAY BE POST OF FICE BOX)
	2950BUSCHLAKEBOULEVARD		2950BU	SCHLAKEBOULEVARD
	ТАМРА,FL33614	ТАМРА, FL33614		.F1.33614
	06/19/2015		L1500010	5755
3.	Date of filing/registration in Florida	4.		Document number
<b>5</b> (-)				
5. (a)	Registered Agent and Registered Office shown on the records of SHAW, NEIL	f the Florid	a Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	2950BUSCHLAKEBOULEVARD			
	ТАМРА , FL_33614			
(b)	Enter name of NEW Registered Agent and/or NEW Registered			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ac	<u>ldress</u> :	
	CTCorporationSystem			TARY OF STATE
	NEW Registered Office Address:		<u></u>	IDA IL
	1200SouthPinelslandRoad			
	Plantation, Fl	L_33324		
the cha agent v was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg iability c of the lir	istered offi ompany, it nited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
CLALING O			irlinAldao-0	
-	h. ack. full as (			Printed or typed name of signee
magne		gree to ac e perform ed for in ' hereby a n Emrich cant Secre		pacity. I further agree to comply with the v duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
	ine of Registered Agont		-	
	Division of Corporations• P.O. FILING I			assee, FL 32314

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