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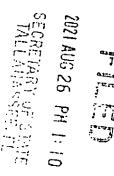
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COVER LETTER

TO: Registration Section Division of Corporations BLUEBERRY DONUTS, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: EUGENE H. GAUDETTE Name of Person Firm/Company P.O. BOX N Address SANFORD, ME 04073 City/State and Zip Code tiffany@ehglaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 207 324-1551 TIFFANY CAMIRE at (Area Code & Daytime Telephone Number Name of Person Mailing Address: **Street Address:** Registration Section **Registration Section Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

INHS18 (2/14)

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.

Name of the limited liability compa	any: BLUEBERRY I	OONUTS, I.	LC			
(a)		(b)				· <u></u> .
Principal office address of limi (Note: MUST BE STRE	ted liability company:			_		d liability company: TOFFICE BOX)
7340 W COMMERCIAL BLVD			280 MER	RRIMACK ST	REET	
LAUDERDALE, FL 33319			METHU	EN, MA 0184	4	
AUGUST 13, 2015		!	.1500013	8526		
Date of filing/registrati	on in Florida	4.		Document	number	
(-X						
(a) Registered Agent and Registered Office	e shown on the records o	of the Florida	Dept. of St	 ate:		
CAFUA CONSULTING COMPA						
Registered Office Address (MUST	······································	T ADDRESS				
12236 TILLINGHAST CIRCLE			•			
PALM BEACH GARDENS		L_33418		_	SECRI TAL	15 1 2021 AUG 26
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(b)		_		_ <u>.</u>	Ţ.	20
(b) Enter name of <u>NEW Registered Agent</u>	t and/or <u>NEW Registers</u>	ed Office ado	lress:		<u> </u>	PH
NEW Registered Office Address:					<u> [</u>	0
4100 N POWERLINE ROAD, U	NIT MI					
POMPANO BEACH	, F	33073				
he limited liability company is not or ange or changes are made, the Florid ent will be identical. Or, in the case s/were authorized by an affirmative articles of organization or the opera	a street address of th of a Florida limited b vote of the members	ne registere liability con s of the lim ne limited li	d office a npany, it ited liabil ability co	ind the busine is hereby cou ity company	ess office nfirmed t	of the registered that the change(s)
signature of a member or authorized represer	ntative of a member			Printed or ty	ped name	of signee
hereby accept the appointment as resolvisions of all statutes relative to the obligations of my position as regist merely reflect a change in the regist lifted in writing of this change.	rictored against and a	gree to act se performa led for in C I hereby co	in this ca ince of my hapter 60 nfirm tha	pacity. I furt y duties, and . 05, F.S. Or, i u the limited l	her agre I am fam f this doo liability o	e to comply with t iliar with and acc cument is being fit company has been
pnature of Registered Agent						