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| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | |
|------------|--|---|
| SUBJI | BLUE BIRD OT, LLC | |
| | Name of | f Limited Liability Company |
| Dear S | ir or Madam: | |
| The en | closed Registered Agent/Registered Office (| Change and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this m | atter to the following: |
| <u>Bre</u> | Ca Crawford Name of Person | |
| | Blve Bird OT LL Firm/Company | <u>C</u> ! |
| <u>55</u> | oo Golden Gate Poi | nt apta |
| Sa | (asc) ta, FL 34236 City/State and Zip Code | |
| <u> 10</u> | recca Ca yahoo Con-mail address: (to be, used for future annual | neport notification) |
| For fur | ther information concerning this matter, plea | ase call: |
| B | recea Crawford a Name of Person | Area Code & Daytime Telephone Number |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| | Enclosed is a check for the following am | ount: |
| | ₩\$25 Filing Fee | S55 Filing Fee & Certified Copy |

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

| Florida | ı. |
|---------------------------------|--|
| 1. Na | me of the limited liability company: Blue Bird OT LLC |
| 2. (a) | Principal office address of limited liability company: 34236 (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: 34236 (Note: MAY BE POST OFFICE BOX) 550 Cro Iden Crate Doint # 2 550 Cro Iden Crate Doint # 2 |
| | Sarasita, FL 34236 Sarasita, FL 34236 |
| | march 22, 2016- Filed |
| 3. | March 16, 2016 - e ffective L 16000058432 Date of filing/registration in Florida 4. Document number |
| 5. (a) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State. |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| | Sarasuta .FL 3/4231 |
| (b) | Brecca Crawford Enter name of NEW Registered Agent and/or NEW Registered Office address: SST P |
| | NEW Registered Office Address: 550 Golden Gate Point #2 |
| | Sarasota FL 34236 |
| the charagent was/we the artic | mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered rill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. Trinted or typed name of signee |
| provisio the obli to mere | by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the possible of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept grations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change. |

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