

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000405806 3)))



H200004058063ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
Phone : (800) 345-4647
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
BLUE CHIP MAINTENANCE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2020 NOV 25 AM 9:40

NOV 30 2020
I ALBRITTON

(((H20000405806 3)))

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. Name of the Limited Liability Company: **BLUE CHIP MAINTENANCE, LLC**

2. (a) 2805 W. Busch Blvd Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 102
Tampa, FL 33618

(b) 2805 W. Busch Blvd Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite 102
Tampa, FL 33618

3. 12/28/2016 Date of filing/registration in Florida

4. L16000233036 Document number

5. (a) King, Matthew
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

11072 Lynn Lake Cir
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33625

(b) Capitol Corporate Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

515 East Park Avenue 2nd Fl
NEW Registered Office Address:

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Signature of a member or authorized representative of a member

Sara Faurett Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature] Signature of Registered Agent

Lucynda Wood, Assistant Secretary
on behalf of Capitol Corporate Services, Inc.

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

NH518 (2/14)

2020-11-25 AM 9:49

(((H20000405806 3)))