L17000245854

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zia/Dhaga 40	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO: Amendment Section Division of Corporations	\$1	÷	
SUBJECT: Blue Pillar Cap Name of Corporation			
DOCUMENT NUMBER: L17 000245	854		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matt	er to the following:		
Michell Truber Name of Contact Person Frechird Construction and Firm/Company THI OLUCS FIELD Road Address JAUKSONVIILE, FL 32211 City/State and Zip Code FCM. Michelle E-mail address: (to be used for future annual repo	agmail-com	, ~,	
For further information concerning this matter, please call:			
Michelle Treiber Name of Contact Person	at (<u>404</u>) <u>994 - 110</u> Area Code & Daytime Telep	hone Number	
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Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the corporation: Blue Pillar (apitu) LLC 2. The principal office address: 4376 Ar Inglen Express Way, #191 XILLION VILLE, FL 32225
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/30/2017 Document number: L17000245854
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) ROCKIGNEZ, MENTIN (resigned)
4533 Hyhway Ave Suite3
Jucksonville, Fl 32254
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Michelle Treiber
9378 Arlington Expressivay, #191
Jacksonville, FL 32225
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.
Abrian Delle n Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Michaele E. Troiser 08/01/2023
Signature of Registered Agent Date If signing on behalf of an entity:

* * * FILING FEE: \$35.00 * * *