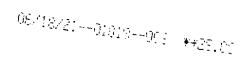
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(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======================================
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 lining Officer.

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ELLANASSE STATE

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	BLUERSX04 LLC - CHANGE C	F REGISTERI	ED AGENT
o Char		lame of Limite	ed Liability Company
Dear Si	r or Madam:		
The end	closed Registered Agent/Registered (Office Change	and fee(s) are submitted for filing.
Please i	return all correspondence concerning	this matter to	the following:
DANIE	L FINELLI		
	Name of Person		·····
	Firm/Company		
10309 V	ANTAGE DRIVE		
	Address		
PENSA	COLA, FL 32514		
	City/State and Zip Code		
DANIE	LJFINELLI@GMAIL.COM		
E-	mail address: (to be used for future a	unnual report t	notification)
For furt	her information concerning this matt	er, please call	:
		at ()
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section Division of Corporations		Registration Section Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

■ \$25 Filing Fee

*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.

	me of the limited liability company: BLUERSX04 L 10309 VINTAGE DRIVE		10309 VI)	NTAGE DRIVE			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	PENSACOLA, FL 32514	·	PENSACOLA, FL 32514				
	11/10/2020		1.2000035	6909			
	Date of filing/registration in Florida	4.		Document number			
(a)	LEGALCORP SOLUTIONS, LLC						
	Registered Agent and Registered Office shown on the records of 3440 W HOLLYWOOD BLVD, SUITE 415			nte:			
	Registered Office Address (MUST BE FLORIDA STREET)	" 4DDRES.	<u>()</u>				
(b) ,	HOLLYWOOD F	L_33021		- SE			
	DANIEL FINELLI			E I L 2021 JUN 18 SECRETARY TALLAHAS			
	Enter name of NEW Registered Agent and/or NEW Registers	d Office a	<u>ldress</u> :	ARX ARX			
	10309 VINTAGE DRIVE			FILED 21 JUN 18 PM 1: 30 CORETARY OF STATE TALLAHASSEE, FIL			
	NEW Registered Office Address:						
	PENSACOLA F			_			
inge ent v s/wa	mited liability company is not organized under the la or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited la ore authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e register liability of of the ling a limited	ed office ar ompany, it nited liabili liability cor	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.			
		DA —	NIEL FINE	I.I.I Printed or typed name of signee			
rerel ovisi obl mere	ure of a member of authorized representative of a member by accept the appointment as registered agent and agens of all statutes relative to the proper and completing ations of my position as registered agent as providely reflect a change in the registered office address. If in writing of this change.	gree to ac c perform ed for in (l hereby c	t in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the			

T