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		COVER LETTER					
	gistration Section vision of Corporations						
SUBJECT	The Blue Door LLC						
	1	Name of Limited L	iability Company				
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.				
Please retu	rn all correspondence concerning	g this matter to the	following:				
Brendan Ch	atham, Esq.						
	Name of Person						
Hutchinson	Black and Cook, LLC						
	Firm/Company	<u>-</u>					
921 Walnut	Street, Suite 200						
	Address						
Boulder, CO) 80302						
	City/State and Zip Cod	e	<u> </u>				
clanton@hb	cboulder.com						
E-mai	l address: (to be used for future	annual report notif	ication)				
For further	information concerning this mat	ter, please call:					
Brendan Ch	atham	303 at (442-6514				
	Name of Person	(Area Code & Daytime Telephone Number				
Reg Div P.C	gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

Enclosed is a check for the following amount:

■ \$25 Filing Fee & Certified Copy

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. Na	ame of the limited liability company: The Blue D	Door LLC				
2. (a)	136 Santa Lucia Drive, West Palm Beach, FL 33405	(b	136 Santa I	Lucia Drive, West	Palm Beach, FL	33405
, .	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)			failing address of lin		
	11/30/2020	1	_2000037502	26		
3.	Date of filing/registration in Florida	4.	i	Document number	er	
5. (a)	United States Corporation Agents, Inc.					
). (u)	Registered Agent and Registered Office shown on the reco	ords of the Florida	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)				
	5575 S. Semoran Blvd, Suite 36					
	Orlando	32822				
		_, FL <u></u> _				
/h)	Max Ricci					
(b)	Enter name of NEW Registered Agent and/or NEW Regi	stered Office add	ress.			
		<u> </u>				
	NEW Registered Office Address:					
	136 Santa Lucia Drive					
	West Palm Beach	33405			202	
		_, FL			2021 F	
gent w	mited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limit result authorized by an affirmative vote of the members of organization or the operating agreement of	of the registered ed liability com- pers of the limit	office and pany, it is bed liability.	the business officiereby confirmed	ce of the registe	ered' e(e)
		Max i			-} ?	-
Signan	ure of a member or authorized representative of a member	-		Printed or typed name	c of signee 🖵	_
he obli o merei otified	by accept the appointment as registered agent and sons of all statutes relative to the proper and compactions of my position as registered agent as proly reflect a change in the registered office address in writing of this change.					