Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Email Address:_____

LLC REGISTERED AGENT CHANGE BLUEWATER BRIDGE GROUP, LLC

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JUN - 8 2022

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:	er Briage Group, LLC
2. (a)	(b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
7901 4th St N STE 300	7901 4th St N STE 300
St. Petersburg FL	St. Petersburg FL 33702
04/14/2021	L21000174467
3. Date of filing/registration in Florida	4. Document number
5. (a) PENN, TAYLOR A	
Registered Agent and Registered Office shown on the records of	the Florida Dept, of State:
4801 GULF BLVDSUITE 139	
Registered Office Address (MUST BE FLORIDA STREET &	ADDRESS)
ST. PETE BEACH	33706
(b) Registered Agents Inc.	Office address:
Enter name of NEW Registered Agent and/or NEW Registered	Office address:
7901 4th St N	- 8 EED - A
NEW Registered Office Address:	i i
STE 300	
St. Petersburg	33702
If the limited liability company is not organized under the lay the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company. Riley Park
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I integrated in writing of this change.	performance of my duties, and I am familiar with and accep d for in Chapter 6D5, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Bill Havre - Assistan Signature of Registered Agent	t Secretary