L21000253820

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

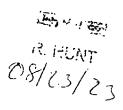
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2023 AND 23 PM 12: 40



COVER LETTER

	Legistration Section Division of Corporations						
SUBJEC	BLUE MAMMOTH ICE LLC						
50101.0	Name of Limited Liability Company						
Dear Sir (or Madam:						
The enclo	osed Registered Agent/Registered O	ffice Change and f	ee(s) are submitted for filing.				
Please ret	urn all correspondence concerning t	his matter to the fo	ollowing:				
Michael S	errano						
	Name of Person		_				
ZenBusin	ess Inc.						
	Firm/Company		_				
336 East 0	College Ave, Suite 301						
	Address		_				
Tallahasse	re, FL 32301						
	City/State and Zip Code						
ra@zenbu	siness.com						
E-m	nail address: (to be used for future ar	nual report notific	cation)				
For furthe	er information concerning this matte	r, please call:					
Michael S		844 at (493-6249				
	Name of Person	<u></u> us (Area Code & Daytime Telephone Number				
R D P	Aailing Address: Degistration Section Division of Corporations O. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
E	nclosed is a check for the followin	ng amount:					
	\$25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy				

2023 AUG 23 PM 12: 40

TO:

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	nme of the limited liability company: BLUE MAMMO	OTH IC	ΈL	LC		
2	(a)	618 E. South St. Suite 500		(b) 618 E. South St. Suite 500			
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Orlando, FL 32801	_	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1. 32801	
3.		06/01/2021 Date of filing/registration in Florida	 4.	 -	.210002538	320 Document number	
5.		Pereira, Vanessa Irasema	٠,			Document number	
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State 7901 4TH ST N STE 300 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-	
		St. Petersburg , Fl	3370 L	2		1973 A	
(b	(b)	ZenBusiness Inc.				2023 AUG 23 PH 12: 1	
	(-/	Enter name of NEW Registered Agent and/or NEW Registered					
		336 East College Ave Suite 301				PH12: 40	
		NEW Registered Office Address:				0	
		Tallahassee, FI	L32	301		-	
cha age wa	ange ent v s/we arti	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the Is/ Vanessa Pereira	regis ability of the	tere cor limi	I office and npany, it is ted liability ability com	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in	
	igna	ture of a member or authorized representative of a member	_			Printed or typed name of signee	
pro the to	ovisi obl merc	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change	ree to perford d for i	act i rma n Ci v coi	in this capa nce of my a hapter 605 nfirm that i	city. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
Sig	ىنى (ر) gnatu	re of Registered Agent					