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(Re	equestor's Name)	 -
(Ac	ldress)	-
(Ac	ldress)	<u> </u>
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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JUN 3 0 2022 M. SOLOMON

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Dolphin Blue Holdings, Name of Birnited	LLC Liability Company	
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Office Change an	d fec(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the	e following:	
		· ·	
	John E. Havasy Name of Person		
	Name of Person		
	Main Blue Holdings LLC		
	Dolphin Blue Holdings, LLC Firm/Company	<u> </u>	
	440 Pheasant Dr.	,	22.07
	Address		MAÝ
	Sacrenta Fl 34236		0
	Sarasota, FL 34236 City/State and Zip Code		AK 10: 5:
	havasu5@ Verizon.net		95
	havasy 5@ Verizon. net E-mail address: (to be used for future annual report not	fication)	
For fu	rther information concerning this matter, please call:		
	John F Havissi. 911	1, 201-4831	
	John E. Havasy at (94	Area Code & Daytime Telephone Number	
	Mailing Address:	Street Address:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	
	Enclosed is a check for the following amount:		
	□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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: Dolphin	Blue		
2. (a) 440 Pheasant Dr.		440 Pheasant Dr.	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0).	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	":
Sarasota, FL 34236		Sarasota, FL 34236	
07-02-21		L21000305554	
3. Date of filing/registration in Florida	— _{4.} —	Document number	
5. (a) Todd D. Kaplan			
Registered Agent and Registered Office shown on the records of Registered Office Address Registered Office Address 8470 Enterprise Circle, Suite Lakewood Ranch Lakewood Ranch F (b) John E. Havasy Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address: 440 Pheasant Or.	ADDRESS) He 201 L 342 ed Office addre	2822 HAY 10 AH 10: 57	
<u>Sarasota</u> . F	L 342	36	
If the limited liability company is not organized under the la change or changes are made, the Florida street address of th agent will be identical. Or, in the case of a Florida limited I was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agprovisions 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	e registered iability composition of the limited liable limited liable limited liable	office and the business office of the registered pany, it is hereby confirmed that the change(sed liability company or as otherwise provided bility company. Ann Havasy Printed or typed name of signce	d s) Lin

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent