L21000413263

(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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2022 MAY 19 AM II: 03 SECRETABL OF STATE

RECTIVED

A. BUTLER MAY 20 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195
	REFERENCE	:	692352	8281792
	AUTHORIZATION	:	Louis	
	COST LIMIT	:	\$ 2500	Kena
ORDER DATE :	May 18, 2022			
ORDER TIME :	7:58 AM			
ORDER NO. :	692352-006			
CUSTOMER NO:	8281792			
		- -	·	
	CHANGE OF A	AGE1	<u> 1T</u>	
NIAMI		1105		
NAME:	BLUE DOLPHIN	HO.	reh, bbC	
PLEASE RETURN	N THE FOLLOWING AS	5 PF	ROOF OF FI	LING:
	IFIED COPY N STAMPED COPY			
AA PLAII	N STAMPED COPT			
CONTACT PERSO	ON: Alexxis Weila	and	EXT#	

EXAMINER:

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: BLUE DOLPHI	N HOTEI	_, LLC						
			b)						
2. (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	mited liability company:			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	1412 NW 23RD ST.		1412 NW 23RD ST.						
	MIAMI, FL 33142		MIAMI, FL 33142 L21000413263						
	09/17/2021								
3.	Date of filing/registration in Florida	— 4.		Document nu	mber				
5. (a)									
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of State	- 2:					
	LITTLEWOOD, CODY								
	Registered Office Address (MUST BE FLORIDA STREET	`ADDRES.	<u> </u>	-					
	1412 NW 23RD ST.		_						
	MIAMI	1. 33142		-		2			
					₹C	022			
(b)				_	品	MAY			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office au	<u>ldress</u> :		AFA FA		5		
	Corporation Service Company				CRETARY OF ST TALLAHASSEE.	2022 MAY 19 AM 11: 03	m		
	NEW Registered Office Address:			-					
	1201 Hays Street			-	FI	03			
	Tallahassee	32301							
	, 11	L		-					
change agent v was/we	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- cre authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registere lability co of the lin	ed office and ompany, it is nited liability	I the business hereby confir company or	office of the of the of the office of the of	ne regis he char	stered nge(s)		
/s	/Cody Littlewood	Cod	dy Littlewood	d, Authorized I	Person				
	ture of a member or authorized representative of a member			Printed or typed	I name of sign	nee			
I herei provisi the obl to mere notified	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 ly reflect a change in the registered office address, I I in writing of this change.	ree to act perform ed for in C hereby co	in this capa ance of my d Thapter 605, onfirm that to	icity. I further luties, and I a , F.S. Or, if th he limited lial	r agree to c m familiar us docume bility comp	comply with an nt is be any ha	with the nd accept ring filed s been		
	s/Grace E. Kirby	Grace E.	Grace E. Kirby, Asst Vice President						
Signatu	re of Registered Agent								