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Division of Corporations

Fax Number : (850)617-6383

From:

¿Email Address:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE MISTY BLUE RIVER, LLC

Certificate of Status	0
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M. SOLOMON

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## 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. 8	Tame of the limited liability company: MISTY BLUE R	IVER, LLC	.c	
2. (a)			b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: ONOTE: MAY BE POST OFFICE BON	
	03/08/2022	 	L22000117245	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	INC AUTHORITY RA			
	Registered Agent and Registered Office shown on the records of	the Florida I	•	
			202	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	2024 / oo	
	390 NORTH ORANGE AVE., STE 2300-N			
	ORLANDO	32801	<u></u>	1
	ORLANDO, FI	L	<del></del>	
(b)	NORTHWEST REGISTERED AGENT LLC		  ယ	`•
(υ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office add:		
	7901 4TH ST N			
	NEW Registered Office Address:	<del></del>		
	STE 300			
	ST. PETERSBURG, FI	33702		
chang agent was/v the ar	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ws of the S e registered ability con of the limit climited lia	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) itted liability company or as otherwise provided	! )
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee	
I her provi: the ol to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ged in writing of this change.  Taylor Newman	ree to act i. performaned for in Ch hereby con	in this capacity. I further agree to comply with ance of my duties, and I am familiar with and acc Thapter 605, F.S. Or, if this document is being fi anfirm that the limited liability company has bee.	the cept iled n