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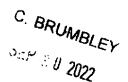
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LLC REGISTERED AGENT CHANGE FIRST BLACKSTAR VENTURES, LLC

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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,

Na	me of the limited liability company	: First Blackstar	Ventures.				
(a)	800 E Cypress Lane #105		(b)	800 E Cypress Lane #105			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Pompano Beach, Florida 33069			Pompano Beach, Florida 33069			
			_				
	7/28/2022			1.22000334108			
	Date of filing/registration	in Florida	4.	Document number	•		
(-)	BUSINESS FILINGS INCORPO	RATED					
(A)	Registered Agent and Registered Office sh)AD		Dept. of State:	SECT TAI		
	Registered Office Address (MI/ST RE	FLORIDA STREET A	<u>DDRESS)</u>		SEP 2		
	PLANTATION	, FL_	33324		29 A		
(b)	Carlos A Navarro	,	•		AM 9: 0f. st. See. F		
(0)	Enter name of NEW Registered Agent an	d/or NEW Registered	Office addi	<u> 155.</u>	~ <u>~</u> ?∃ ~		
	800 E Cypress Lane #105		٠		<i>⊱</i> - ∞		
	NEW Registered Office Address:						
		· · · · · · · · · · · · · · · · · · ·					
	Pompano Beach	 ,FL_	33069		•		
e cha gent t	imited liability company is not orgating or changes are made, the Florid will be identical. Or, in the case of the authorized by an affirmative vorticles of organization or the operating the control of the operation.	ia street address of a Florida limited lia e of the members o	the regist bility cor f the limi limited li	ered office and the business office apany, it is hereby confirmed that led liability company or as otherw	of the registered the change(s)		
Signa	ture of a member or authorized representativ	we of a plember		Printed or typed name of a	gnee		
rovisi ie obi i meri	by accept the appointment as registions of all statutes relative to the projection as registered representation of the project of the project of the registered of the registe	vred agent and agro oper and complete p d agent as provided d office address, I h	ee to act i verforma I for in Ci vereby co	in this capacity. I further agree to nce of my duties, and I am familia hapter 605, F.S. Or, if this docu- nation that the limited liability can	o comply with the ir with and accept tent is being filed ipany has been		

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