



(shown below) on the top and bottom of all pages of the document.

(((H24000002645 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC REGISTERED AGENT CHANGE **BLU KNIGHT VENTURES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. LEMIEUX

HelpJAN 04 2024

Electronic Filing Menu

Corporate Filing Menu

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	me of the limited liability company: BLU Knight Ven	tures LI	.C				
2.	(a)	1250 S Miami Ave, #1807	(b) 1250 S Miami Ave, #1807					
-	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		Miami, FL 33130		Miami, FL	33130			
		12/14/2022 12:00:00 AM		L220005240	004			
3.		Date of filing/registration in Florida	4.		Document i	number		·····
5	(a)	LEGALINC CORPORATE SERVICES INC.						
٥.	14)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept, of State	- 2:			
		476 Riverside Ave.						
		Registered Office Address (MUST BE FLORIDA STREET.	-					
		Jacksonville	32202		-			
		, FL			-			
	(b)	Corporate Creations Network Inc.			_	:.: :::		و. بار . ت
		Enter name of NEW Registered Agent and/or NEW Registered	Office :	iddress:	-			
		801 US Highway 1						ن
		NEW Registered Office Address:			_			P. (
								بب بب
					-			··
		North Palm Beach , FL	33408				•	- -J
cha age was	nge nt w	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the register ability of the li	red office and company, it is mited liability	I the busine hereby con company o	ss office firmed	e of the	registered change(s)
		Kristen Espinales	Kı	isten Espinales	s, Attomey-ir	r-Fact		
Signature of a member or authorized representative of a member				Printed or typed name of signee				
pro the to r	visio obli nere	oy accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ily reflect a change in the registered office address, I i I in writing of this change.	pertori	nance of my a	luties, and I	am lan	ullar w	sith and accept
		Kristen Espinales Kristen Espinales. Special Secretary						
Sig	natu	re of Registered Agent						