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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

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 BLUE SWAMP PROPERTY HOLDINGS LLC

Certificate of Status	0
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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.

i.	Na	nne of the limited liability company	BLUE SWAMP PR	OPERTY HOLDII	NGS LLC				
っ	(a)								
-	(/	Principal office address of limited (Note: MUST BE STREET	liability company.	("/	Marling address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		10/04/2023		L230004					
3.		Date of filing/registration	in Florida	4.	Document number				
5.	(a)	REGISTERED AGENT SOLUTIONS.	INC.						
		Registered Agent and Registered Office sh	own on the records of th	ie Florida Dept. of	State;				
		2897 REMINGTON GREEN LN., STE	. A						
		Registered Office Address (MUST BE	<u>. Florida Street a</u>	DDRESS)	· -	1.	2		
						Fig. 1	? >- ~		
		TALLAHASSEE		WELVESE TO SIM	2024 AUG 22				
		TALLAHASSEE	, FL_			SS: Yay	22 [
	(b)	Northwest Registered Agent LLC		70	- F				
	(1) j	Enter name of NEW Registered Agent and		EST.	= (
		7901 4th St N		٠	J.				
		NEW Registered Office Address:							
		STE 300							
									
		St. Petersburg	FT.	33702					
If t	he l	imited liability company is not orga- inge or changes are made, the Florid	nized under the law	s of the State of	Florida, it is hereby conf fign and the business offic	irmed that a	ifter sistered		
age	ents	vill be identical. Or, in the case of a	i Florida limited lial	ollity company.	it is hereby confirmed that	it the chang	e(s)		
wa The	s/we Parti	ere authorized by an affirmative vote cles of organization or the operating	e of the members of a agreement of the l	the limited liab imited liability	ollity company or as other company.	wise provid	ed in		
			, ,,	Nat Smith	,qy.				
	iigita	ture of a member of anthorized representativ	e of a member		Printed or typed name of :	signee			
pro the to	ovisi Fobl merc	by accept the appointment as registe ons of all statutes relative to the pro- igations of my position as registered I'v reflect a change in the registered I'm writing of this change.	oper and complete p d agent as provided I office address, I h	e to act in this e erformance of a for in Chapter ereby confirm t	capacity. I further agree in the duties, and I am famili 605, F.S. Or, if this document the limited liability co	to comply w far with and ment is bein mpany has l	ith the accept g filed been		
	//	Taylor Newm	an - Assistant Sec	cretary					