## Florida Department of State

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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 TS BLUE VALLEY LLC

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MAR 0 7 2024 K. Brumbley 3/6/2024 10:54 25 PST - To 18506176383 Page 2/2 Fax: 8134365206

## 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. N	me of the limited liability company: <u>TS BLUE VA</u>	ALLEY LLC	
2. (a)	Principal office address of limited hability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	01/26/2024  Date of filing/registration in Florida		L24000049909 Document number
	SILGADO BIANCHI, TULIO E		
(b)	8403 GRAND ESTUARY TRAIL Registered Office Address (MUST BE FLORIDA STREET A UNIT 101  BRADENTON FL  Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered  7901 4th St N NEW Registered Office Address: STE 300	. 34212	2024 HAR -6 PH 2: 57
	St. Petersburg	33702	
the cha agent v was/wi the arti Signa There- provisi the obli to mero	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the florida member or authorized representative of a member by accept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If it is writing of this change.  Taylor Newman - Assistant Secretary	ws of the State the registered ability compa of the limited limited limited limited Mat Sm rec to act in th performance d for in Chapi hereby confiri	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  ith  Printed or typed name of signee