(¡ʔequestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
☐ PICK-UP ☐ WAIT ☐ MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				

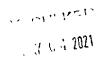
Office Use Only



700365472257

'--3 PM I2: 48

SECTIVED





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	05/03/2021				
Name:	Chris Vick	<u> </u>			
Reference #	4050005				
Entity Name	THE BLUE	RIVER GROUP, LLC			
	es of Incorporation/Authorization				
Amendment					
✓ Change of Agent					
Reinstatement					
Conversion					
☐ Merger					
☐ Dissolution/Withdrawal					
Fictitious Name					
Other	-				
Authorized A Signature:	\$25.00°				

F: 800.944.6607

•44 (0)20.3961.3080

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	ame of the limited liability company: THE BLU	E RIVER G	ROUP, LLC	
2. (a)		(b) _		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	No Change	1	No Change	
	August 2, 2004		M0400003099	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	Corporation Service Company			
,	Registered Agent and Registered Office shown on the records	of the Florida D	ept. of State:	
	1201 Hays Street			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Tallahassee	FL_32301-2	525	
(b)	COGENCY GLOBAL INC.		- : · · ·	
	Enter name of NEW Registered Agent and/or NEW Register			
	115 North Calhoun St., Suite 4		PH 12: 48	
	NEW Registered Office Address:			
	Tallahassee	_{FL} 32301		
the chagent was/w the art	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member icles of organization or the operating agreement of the limited of a member or authorized representative of a member	of the register Hiability comps of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in bility company.	
provis the obs to mer notifie	by accept the appointment as registered agent and a tions of all statutes relative to the proper and completing for a statute of all statutes relative to the proper and completing to some of a statute of a statute of the registered office address, and in writing of this change. Tim Maywillo Assistant Some of Registered Agent	tte performand ded for in Cha I hereby conf	this capacity. I further agree to comply with the se of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been	

Tim Mayville, Assistant Secretary