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(	Requestor	's Name)			
(	Address)				
	Address)				
	City/State/	Zip/Phone #	)		
PICK-UP		WAIT		MAIL	
(Business Entity Name)					
	Document	Number)			
Certified Copies		Certificates	of Status		
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Special Instructions to f	Filing Office	er:			
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Office Use Only

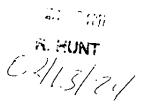


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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 303084 4713582

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 1, 2024

ORDER TIME : 1:28 PM

ORDER NO. : 303084-090

CUSTOMER NO: 4713582

CHANGE OF AGENT

NAME: BLUEGREEN SPECIALTY FINANCE,

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

LLC

EXAMINER'S INITIALS:

## 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	ame of the limited liability company: BLUEGREEN S	PECIAL	Y FINANCE	E, LLC
2. (a)	4960 CONFERENCE WAY NORTH	 (b	4960 CON	NFERENCE WAY NORTH
2. (47	Principal office address of limited liability company:  ( <u>Note: MUST BE STREET ADDRESS</u> )	(0	/	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 100		SUITE 100	0
	BOCA RATON, FL 33431	_	BOCA RA	TON, FL 33431
	12/26/2013		M14000000	0002
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of CORPORATE CREATIONS NETWORK INC.  Registered Office Address (MUST BE FLORIDA STREET.  801 US HIGHWAY 1  NORTH PALM BEACH , FL  Enter name of NEW Registered Agent and/or NEW Registered  Corporation Service Company  NEW Registered Office Address:  1201 Hays Street	33408	2	ANTI: 15
	Tallahassee	32301		
change agent v was/we the arti Signal I herel provisit to mere notified	imited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member or authorized representative of a member oby 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. It is miriting of this change.	vs of the registere ability confithe limited l	d office and upany, it is ted liability ability computing Jill Cili	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  mi, Authorized Person  Printed or typed name of signee  city. I further agree to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314