M14000008121

(R	(equestor's Name)					
(A	ddress)					
(Address)						
•	,					
(C	ity/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL				
	— •••••					
(B	Susiness Entity Name)					
,,	, (10,,,,,,					
(C	Ocument Number)					
Certified Copies	Certificates of	Status				
Special Instructions to Fil	ling Officer:					

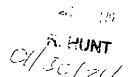
Office Use Only



800422520258

2674.2 (2.5 AH 9: 46

2024 JAN 30 AM II: 32



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 296847 8281917

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: January 29, 2024

ORDER TIME : 9:47 AM

ORDER NO. : 296847-005

CUSTOMER NO: 8281917

CHANGE OF AGENT

NAME: BLUE HEAD LAND & CATTLE CO.,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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	nme of the limited liability company: BLUE HEAD LA	ND & C	A٦	TLE CO.	D., LLC			
7	(a)		a	h)					
	(44)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		ONE PICKWICK PLAZA, 2ND FLOOR			PO Box 5	572			
		GREENWICH, CT 06830			Stevensv	ville, MT 59870			
		11/07/2014		١	M140000	008121			
3.		Date of filing/registration in Florida	- 4 ,			Document number			
5.	(a)								
<i>.</i>	(0)	Registered Agent and Registered Office shown on the records of t Uzpen, Christopher	he Floridi	a C	Dept, of Sta	ate;			
		Registered Office Address (MUST BE FLORIDA STREET A							
	777 S. Flagler Dr. Phillips Point East Suite 1001					A			
		West Palm Beach	33401						
		FL_				– ·			
	(b)					(n) = 0			
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldr	ess:	AH 9: 46			
						9: 4 , FL			
		Corporation Service Company							
		NEW Registered Office Address:							
		1201 Hays Street				<u> </u>			
		Tallahassee FL_	32301						
ch ag wa	ange ent v is/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registere bility co f the lim	ed om rite	office an pany, it i ed liabilit	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided	;)		
/s/ Christopher Uzpen Christopher Uz				zpen, Authorized Person					
- 5	Signat	ture of a member or authorized representative of a member				Printed or typed name of signee			
pre the to	ovisie e obli mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I have In writing of this change	performa	an	ce of my .	; duties, and I am familiar with and acc	cept		
		re of Registered Agent							
G	ігасе	E. Kirby, Asst. Vice President on behalf of Corporation Division of Corporations P.O. B	on Servi Sox 6327	ce 7●	Compan Tallaha	ny assee, FL 32314			

FILING FEE: \$25.00

INHS18 (2/14)