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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 : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC REGISTERED AGENT CHANGE BLUSKY RESTORATION CONTRACTORS, LLC

USKI RESTORATION CONTRACTORS, L.					
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JUN 2 9 2022

## 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	me of the limited liability company: BluSky Re	estoration	Contractors, 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)		
		9110 E. Nichols Ave, Suite 180	9110	E. Nichols Ave, Suite 180		
	Centennial Colorado 80112		Centennial CO 80112			
		04/29/2015	M15(	000003306		
3.		Date of filing/registration in Florida	4.	Document number		
5.	CORPORATE CREATIONS NETWORK INC.  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  801 US HIGHWAY 1  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
NORTH PALM BEACH F  (b) Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered  7901 4th St N				APPROVED FILED 2022 JUN 29 AM 9:		
		NEW Registered Office Address:		. 18		
		STE 300		<u> </u>		
		St. PetersburgFL	33702			
the age was the SIII prother to it	cha ent v s/we arti igna igna visi obl mere ifie	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited of a member or authorized representative of a member of the law accept the appointment as registered agent and agraeins of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.  Bill Havre - Assistant	the registered off bility company, if the limited liability company of the limited liability control of the limited liability control of the liability control of the liability confirm the liability confirmation confirmation confirmation confirmation confirmation confirmation confirmati	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.  Riley Park  Printed or typed name of signee  apocity. I further agree to comply with the		