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1/15/2019



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845

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LLC REGISTERED AGENT CHANGE BLUEWAVE FINANCE GROUP, LLC

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A. LUNT

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Corporate Filing Menu

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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.

. Na	nme of the limited liability company: BlueWave	Finance Gro	up, LLC	
2. (a)	111 Huntington Ave. Suite 650		(b) Huntington Ave., Suite 650 Muiling address of limited liability company:	
` '	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ty:	(-/ 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Boston, MA 02199		Bosto	on, MA 02199
	03/20/2017		M1700	00002387
	Date of filing/registration in Florida	4.		Document number
. (a)				
()	Registered Agent and Registered Office shown on the reco	ords of the Fio	rida Dept. o	f State:
	United States Corporation Agents, Inc.			
	Registered Office Address (MUST BE FLORIDA STI	REET ADDRI	<u>ESS)</u>	
	13302 Winding Oak Court Suite A			
	Tampa	PL 33612	2	
				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u> C T Corporation System			
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation	. FL 3332	4	
se char gent w as/we e artic Signate	mited liability company is not organized under the result of the florida street addressed or changes are made, the Florida street addressed in the case of a Florida limit result or case of a Florida limit result or case of a Florida limit result of a manufacture of a member or authorized representative of a member of a member or authorized representative of a member of a member as registered agent and company of all statutes religion as registered agent as properties of any position as registered agent as properties of a	ess of the reted liability bers of the limite A and agree to a place performance.	gistered of company imited lia d liability utumn Ster	office and the business office of the register, it is hereby confirmed that the change(s) ibility company or as otherwise provided in company. Vens Printed or typed name of signee capacity. I further agree to comply with the fine duties, and Lan familiar with and acceptance.
otified	gations of my position as registered agent as proly reflect a change in the registered office address in writing of this change. The position System (1) The change is the change in the registered of the change.		confirm i	that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 **FILING FEE: \$25.00**

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