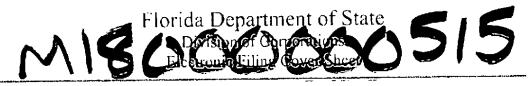
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Division of Corporations



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## LLC REGISTERED AGENT CHANGE CLP BENEFICIARY BLUE I, LLC

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Help

## 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                                 | me of the limited liability company: CLP BENEFICIA   | RY BL  | CET, LĻC  | ,  |   |                                    |  |
|------------------------------------|--|--|---|--|---|------------------------------------|--|
| (a)                                | No change  |  | b) No ch  |  |   |                                    |  |
| (11)                               | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |  |   | Mailing address o  | of limited liabili<br>SE POST OFF)                              |                                    |  |
|                                    | 01/17/2018   | _  |   | 0000515  | <del></del>   |                                    |  |
|                                    | Date of filing/registration in Florida   | 4.   |   | Document m   | ımber   |                                    |  |
| (a)                                | RYAN FURMAN  |  |   |  |   |                                    |  |
| (a)                                | Registered Agent and Registered Office shown on the records of   | the Flori  | da Dept. of                                       | State:   |   |                                    |  |
|                                    | 450 S. ORANGE AVENUE   |  |   |  |   |                                    |  |
|                                    | Registered Office Address (MUST BE FLORIDA STREET)   | <u>iddre.</u>  | <u>SS)</u>  |  |   |                                    |  |
|                                    | ORLANDO, FL  | 32801  |   |  | SEC   | 2022                               |  |
| (b)                                | C T Corporation System   |  |   |  | RETURN !  | 2022 AUG 2                         |  |
|                                    | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>   | Office   | ddress:   |  | 33SS:   | A                                  |  |
|                                    | NEW Registered Office Address;   | •  |   | <del></del>  |   | လ<br>လ                             |  |
|                                    | 1200 South Pine Island Road  | _  |   |  | rri u   | 0                                  | ٠  |
|                                    | Plantation, FL   | 33324  |   |  |   |                                    |  |
| ie cha<br>gent v<br>as/w<br>ie art | imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the                                | the reability of the leading t | gistered o<br>company<br>mited lia<br>I liability | office and the bus  it is hereby conf  ibility company of  company.  MANAGER         | iness office of<br>Trmed that the<br>r as otherwise             | or the<br>le cha<br>e pro          | negisten<br>nge(s)                           |
|                                    | iture of a member or authorized representative of a member   |  |   |  | ed nume of sign   |                                    |  |
| rovis<br>ie ob<br>i mer<br>otifie  | by accept the appointment as registered agent and agi<br>ions of all statutes relative to the proper and complete<br>ligations of my position as registered agent as provide<br>ely reflect a change in the registered office address, I will in writing of this change.<br>CT Corporation System  CH Corporation System | ree to a<br>e perfor<br>ed for i<br>hereby   | ict in this<br>mance of<br>a Chapte<br>confirm    | capacity. I furth<br>f my duties, and I<br>r 605, F.S. Or, if<br>that the limited li | er agree to c<br>am familiar v<br>this documer<br>ability compa | ompl<br>with i<br>at is b<br>any h | y with to<br>and acce<br>eing fil<br>as been |

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To:

Signature of Registered Agent