M1800000 3739

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





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12/16/19--01043--007 **35.00



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JAN 16 2020



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: December 13, 2019

Order#: 101194-003

Re: BLUE RIDGE SPECIALTY LLC

Enclosed please find:

XX _ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX _ Please return evidence to the following:

Attn: Matthew Ermak c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.		me of the limited liability company: BLUE RIDGE SP							
2.	(a)	335 NEELY CROSSING LANE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	335 NEELY CROSSING LANE Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		SIMPSONVILLE SC 29680		SIMPSONVILLE, SC 29680					
		04/17/2018		M18000003739 35 20 20 20 20 20 20 20 20 20 20 20 20 20					
3.		Date of filing/registration in Florida	4.	Document number R					
5.	(a)	REGISTERED AGENT SOLUTIONS, INC.		Dept. of State:					
		Registered Agent and Registered Office shown on the records of th	ic Florida l	Dept. of State:					
		155 OFFICE PLAZA DR., SUITE A							
		Registered Office Address (MUST BE FLORIDA STREET A)	M18000003739 4. Document number RE ARI SEE STATE DDRESS) SECOND RESTATE SE						
		TALLAHASSEE, FL_	32301						
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:							
		1201 Hays Street							
		NEW Registered Office Address:							
		Tallahassee, FL_	32301						
the age wa	cha ent v s/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility cor `the limi	stered office and the business office of the register ompany, it is hereby confirmed that the change(s) lited liability company or as otherwise provided in					
		Shane M. Dennie	Shar	ne M. Dennie, Member					
Lh pro the to t	erel ovisi obl nere	ture of a member or authorized representative of a member 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 ely reflect a change in the registered office address, I he I in writing of this change.	ve to act performa for in C ereby co	Printed or typed name of signed in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accomplete 605, F.S. Or, if this document is being file onfirm 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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		SIMPSONVILLE SC 29680		SIMPSONVILLE, SC 29680				
		04/17/2018		M1800000	3739			
3.		Date of filing/registration in Florida	4.	I	Document number			
5.	(a)	REGISTERED AGENT SOLUTIONS, INC. Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:	: (C)	201		
		155 OFFICE PLAZA DR., SUITE A Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS)	SECRETARY OF STATE TALLAHASSEE, FL				
		TALLAHASSEE, FL	32301		ANII Corsi Ssee,		Ü	
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office Address: 1201 Hays Street NEW Registered Office Address:	Office add	ress:	J.Y.	52		
		Tallahassee , FL_	32301					
the age	cha ent v is/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivil be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regis pility co the limi	tered office mpany, it is ited liability	and the business office hereby confirmed that company or as otherw	e of th the c	ne registered hange(s)	
	/S/	Shane M. Dennie	Shar	ne M. Denni	ie, Member			
II pro tho	iere ovisi obl mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to act performa for in C ereby co	in this capa	Printed or typed name of sincity. I further agree to duties, and I am familia. F.S. Or, if this document limited liability combe	- o com	ply with the h and acceps s being filed has been	
Si	<u>)</u> gnatu	re of Registered Agent Corporation Service Company	BY: Gi	ace E. Kirl	by, Asst. Vice Presid	ent		