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A. EUTLER SEP 28 2022 CORPORATION SERVICE COMPANY

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CONTACT PERSON: Eyliena Baker

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 962234 8389471 AUTHORIZATION : COST LIMIT : ORDER DATE: September 19, 2022 ORDER TIME : 9:29 AM ORDER NO. : 962234-002 CUSTOMER NO: 8389471 CHANGE OF AGENT NAME: BLUE CHIP BUILDINGS, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY

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. N	ame of the limited liability company: BLUE CHIP BUIL	DINGS	, LLC		
2. (a)	317 E STATE LINE ST	(h	(b) P.O. BOX 5117		
#. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (8	· 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SOUTH FULTON, TN 38257	_	S FULTO	N, TN 38257	
	07/30/2020	_	M2000000	06614	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the REGISTERED AGENTS INC. Registered Office Address (MUST BE FLORIDA STREET A			<u>-</u>	
	79001 4 ST N STE 300 ST PETERSBURG	33702		2022 SEP 27	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address: 1201 Hays Street	Office add	dress:	AM 10: 38	
	Tallahassee, FL_	32301		_	
change agent v was/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egistere oility con the lim	d office and mpany, it is ited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in	
	/s/ Jill Cilmi, Authorized Person				
I here provisi the oblication mero notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agresions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	erforma for in C creby co	nce of my a hapter 605, nfirm that i	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been sst. Vice President	