## M2000016586

(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:				
J. Dennis				
11-25/24				

Office Use Only



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2024 MOV 25 PM 3: 19 3:03:014:00 = 5:01E 1:11 1:11:35:00 = 1:00:00

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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.

l. N	lame of the limited liability company:  BL EXPANSIO	N 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)	
	350 NW 1ST AVE, STE 200	350 NW 1ST AVE, STE 200		
	MIAMI, FL 33128		MIAMI, FL 33128	
	12/08/2021	M2	121000016586	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	)			
<i>5.</i> (u	Registered Agent and Registered Office shown on the records of BERGMANN, CYNTHIA	f the Florida De	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	202 SE		
	350 NW 1ST AVE, STE 200		CRE NO	
	MIAMI F	L_33128	SECRETARY OF ALL MINESTER	
			A AL	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addre	OF STATE	
	Corporation Service Company			
	NEW Registered Office Address:		<del></del>	
	1201 Hays Street			
	Tallahassee, F	L <sup>32301</sup>		
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered of iability comp of the limited e limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.	
	/ Kolleen Cobb	Kolleer ———	en Cobb, Authorized Person	
I her provi: the ol to me	saure of a member or authorized representative of a member  ebv accept the appointment as registered agent and ag  sions of all statutes relative to the proper and complete  bligations of my position as registered agent as provide  rely reflect a change in the registered office address, I  ed in writing of this change.	ree to act in performanced for in Cha hereby confi	Printed or typed name of signee on this capacity. I further agree to comply with the accept my duties, and I am familiar with and acceptapter 605, F.S. Or, if this document is being filed firm that the limited liability company has been	
	/ Grace E. Kirby	<u> </u>	ace E. Kirby, Asst Vice President	
Signat	ture of Registered Agent			