

10/11/21, 9:32 AM

Division of Corporations

P13 000101900

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE BLUEPINE CAPITAL USA INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BLUEPINE CAPITAL USA INC.
2. The principal office address: 85 WEST WILMOT STREET, UNIT 1,
RICHMOND HILL, ONTARIO, CANADA L4B 1K7
3. The mailing address (if different): _____
4. Date of incorporation/qualification: April 1, 2013 Document number: P13000101900
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

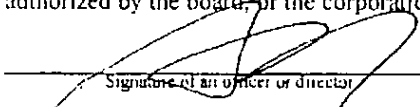
IRA R. SHAPIRO16375 NE 18TH AVENUE, SUITE 225,NORTH MIAMI BEACH, FL 33162

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System1200 SOUTH PINE ISLAND ROADP.O. Box NOT acceptablePLANTATION, FL 33324

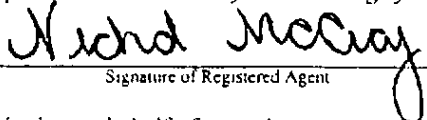
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



 Signature of an officer or director
William J. Trotter, Director_____
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



 Signature of Registered Agent
10/06/2021_____
Date

If signing on behalf of an entity:

Nichol McCroy, Assistant Secretary_____
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2E045 (04/13)

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