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REGISTERED AGENT CHANGE **BLU SCARPA INC** 

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CR2E045 (04/13)

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

statement of ch	e provisions of sections 607.0302, 617.03  ange is submitted for a corporation organization of the section of t	unized under the laws of the State of $\underline{F}$	lorida		_
	ler to change its registered office or regi	sterea agent, or ooth, in the State of Fi	oriaa.		
1. The name of	the corporation: BLU SCARPA INC	MANUREACU ELORIDA 22140	<del>-</del>		
2. The principa	I office address: 550 W 49TH STREET, N	MAMI BEACH, FLORIDA 33140	<del>-</del>		_
3. The mailing	address (if different):				_
4. Date of incom	5743				
	nd street address of the current registered artment of State: (If resigned, enter resign	•	h the		
	MATTHEW CHEVALLARD				
	550 W 49TH STREET				
	MIAMI BEACH, FLORIDA 33140				est,
6. The name an (if changed):	nd street address of the new registered ag	ent (if changed) and /or registered offi		2023 NOV 13	ديا ميا ا
	GY CORPORATE SERVICES, INC.		SEE	<u> </u>	ii (C
	777 S FLAGLER DRIVE, SUITE 500E			AM 10: 05	4
	P.O. E	lax NOT acceptable	FT),	U.	
	WEST PALM BEACH, FLORIDA 3340	<u> </u>			
The street addr	ress of its registered office and the stree I be identical.	et address of the business office of its	registere	d age	nt,
Such change wanthorized by t	as authorized by resolution duly adopt the board, or the corporation has been r	ed by its board of directors or by an contified in writing of the change.	officer so		
/s/ Matthew Chevallard Matthew Chevallard, President					
Signature of an officer or director		Printed or typed name and title	ė		_
I further agree of my duties, a document is be	t the appointment as registered agent a to comply with the provisions of all stand and I am familiar with and accept the ol ing filed merely to reflect a change in a s been notified in writing of this chang	itutes relative to the proper and comp pligation of my position as registered the registered office address, I hereby	plete perf agent. O v confirm	forma Or, if t that t	nce his the
/s/ Melanie B. Stocks		November 9, 2023			
Si	gnature of Registered Agent	Date			-
If signing on be	ehalf of an entity:				
Melanie B. Stoc	iks, Asst. Secretary				
-	Typed or Printed Name				
	* * * FILING F	EE: \$35.00 * * *			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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