## **Division of Corporations Electronic Filing Cover Sheet**

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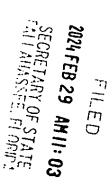
Account Name : COMPUTERSHARE Account Number: 110432003053 : (561)694-8107 Fax Number : (561)214-8442

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

Fmail	Address:			

## **REGISTERED AGENT CHANGE** BLUE LAGOON ENTERPRISES CORP.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		, 617.0502, 607.1508, or 617.1508, Florida Statutes on organized under the laws of the State of Florida			
	<b>U U U</b>	or registered agent, or both, in the State of Florida			
1. The name of	the corporation: BLUE LAGOON	N ENTERPRISES CORP.			
		lvd G6-272, Boea Raton, FL 33496			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 03/04/199	Document number: P22000010004	Document number: P22000010004		
	d street address of the current reg rtment of State: (If resigned, ente	gistered agent and registered office on file with the er resigned)			
	Your Capital Connection, Inc				
	417 E Virginia St Ste 1				
	Tallahassee, FL 32301		CRET CRET		
417 E Virginia St Ste 1  Tallahassee, FL 32301  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Corporate Creations Network Inc.					
	Corporate Creations Network Inc	÷.	ELST ELST		
	801 US Highway 1		岩石 3		
		P.O. Box NOT acceptable			
	North Palm Beach, FL 33408				
The street address changed will	ess of its registered office and the identical.	he street address of the business office of its regist	tered agent,		
Such change wa authorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer been notified in writing of the change.	so		
	<b>3</b>	Saray Djidji, Attorney in Fact			
I hereby accept I furthér agree of my duties, an document is bei	te of an officer or director the appointment as registered of to comply with the provisions of the differential of the and accept ing filed merely to reflect a char is been notified in writing of this	Printed or typed name and title agent and agree to act in this capacity, f all statutes relative to the proper and complete p t the obligation of my position as registered agen nge in the registered office address, I hereby confi- change.	performance Or, if this Irm that the		
	<b>%</b> ?	2/29/2024			
Sig	nature of Registered Agent	Dute	<del></del>		
If signing on be	half of an entity:				
Saray Djidji, Spe	ecial Secretary				
T	yped or Printed Name				

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