## P22000037917

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A. RAMSEY AUG 12 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

PPTne: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 872946 8375991 AUTHORIZATION : COST LIMIT : ORDER DATE: August 9, 2022 ORDER TIME : 8:11 AM ORDER NO. : 872946-005 CUSTOMER NO: 8375991 CHANGE OF AGENT NAME: BLUEDREAMS305, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER: \_\_\_\_

CONTACT PERSON: Alexxis Weiland -- EXT#

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

statement of cha	provisions of sections 007.0302, ange is submitted for a corporation or to change its registered office of	n organized under the la	ws of the State of Flo	rida
	the corporation: BLUEDREAMS:		•	
2. The principal	office address: 11050 OVERSEA	AS HWY MARATHON, F	L 33050	
3. The mailing a	address (if different):			<del></del>
4. Date of incorp	poration/qualification: 05/04/202	2 Document	number: P22000037	917
	d street address of the current regi rtment of State: (If resigned, enter		ed office on file with the	ne
	Corporation Service Company			
	1201 Hays Street			
	Tallahassee, FL 32301		•	2022
6. The name and (if changed):	d street address of the new register	red agent (if changed) and	d /or registered office	2022 AUG 11
	Amy Prumo			一个 王
	696 105th Street Ocean W			بې بې
		P.O. Box NOT acceptable		28
	Marathon	FL	33050-5303	
The street addre as changed will	ess of its registered office and the be identical.	e street address of the bu	siness office of its reg	gistered agent,
Such change wa	is authorized by resolution duly a board, or the corporation has b	adopted by its board of doesn notified in writing o	lirectors or by an office of the change.	cer so
	M	Amy Prumo		
Signatur	e of an officer or director	Printe	ed or typed name and title	
l further agrec to	the appointment as registered as ocomply with the provisions of a lam familiar with and accept to filed merely to reflect a chang been notified in writing of this c	all statutes relative to the	e proper and complet	e performance ent. Or, if this infirm that the
Зу: (	re		110/2012	<del></del> _
_	nature of Registered Agent nalf of an entity:		Date	
Ty	ped or Printed Name	-		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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