## P9900055660

| (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: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



300444521233

2025 MAY 23 PM 3: 23

CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607

850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna Godbolt@cscglobal.com

Ext: x61563 Date: 05/23/25

Order #: 2206927-64

Re: BL COMPANIES SOUTHEAST, INC.

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: I20000000195

A Comment of the Comm

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

## Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

| statement of char  | age is submitted for a corporatio   | 617.0502, 607.1508, or 617.1508, Florida 3<br>n organized under the laws of the State of _<br>r registered agent, or both, in the State of F  | FL                              |  |
|--|---|---|---------------------------------|--|
| 1. The name of the   | ne corporation: BL COMPANIE   | S SOUTHEAST, INC.   |                                 |  |
| 2. The principal of  |   |   |                                 |  |
| _  | ldress (if different):  |   |                                 |  |
| 4. Date of incorp  | oration/qualification: 06/11/199  | 9 Document number: P99000   | 055660                          |  |
| 5. The name and Florida Depart   | street address of the current regi  | stered agent and registered office on file wi<br>resigned)  | ith the                         |  |
|  | NRAI SERVICES, INC  |   | _                               |  |
|  | 1200 South Pine Island Road   |   | _                               |  |
|  | Plantation  | FL 33324  | 2025<br>TAI                     |  |
| 6. The name and (if changed):  | Plantation FL 33324 FL ST Street address of the new registered agent (if changed) and /or registered office FL ST   |   |                                 |  |
|  | Corporation Service Company   |   |                                 |  |
|  | 1201 Hays Street  |   | PM 3: 23                        |  |
|  | T's   |   | GATE IS                         |  |
|  | Tallahassee   | FL 32301  | -                               |  |
| The street addre<br>as changed will  | ss of its registered office and the identical.  | e street address of the business office of it   | is registered agent,            |  |
| Such change wa authorized by th  | s authorized by resolution duly<br>board, or the corporation has  | adopted by its board of directors or by an been notified in writing of the change.  | officer so                      |  |
| /S/ Kelly Blaser   |   | Kelly Blaser, Authoriz  | Kelly Blaser, Authorized Person |  |
| Signatur I hereby accept I further agree t of my duties, an document is bein corporation has Corporation | the appointment as registered to comply with the provisions of a lambda accept a familiar with and accepting filed merely to reflect a chanbeen notified in writing of this a Service Company | Printed or typed name and a gree to act in this capacity. all statutes relative to the proper and conthe obligation of my position as registered office address. I here change.  05/06/2025 |                                 |  |
| By: Mace C-Kuby Signature of Registered Agent  |   | Date  |                                 |  |
| -  | half of an entity:  |   |                                 |  |
| Grace E. Kirby,  | Asst. Vice President  |   |                                 |  |
| Ty   | yped or Printed Name  | _   |                                 |  |
|  | * * * 1711  | INC 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) COA-302272