## that my name appears above, or on an attachment with all other like empowered. MGR

Electronic Signature of Signing Authorized Person(s) Detail

5300 W CYPRESS STREET SUITE 200 TAMPA, FL 33607 UN

Entity Name: BLUE MOON LAKE M, LLC

**Current Principal Place of Business:** 

## FEI Number: 85-1437218

DOCUMENT# L19000236258

5300 WEST CYPRESS STREET

**Current Mailing Address:** 

SUITE 200 TAMPA, FL 33607

## Name and Address of Current Registered Agent:

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

WILSON, SHAWN 5300 WEST CYPRESS STREET SUITE 200 TAMPA, FL 33607 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

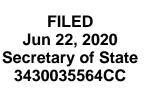
## Electronic Signature of Registered Agent

Authorized	Person(s)	Detail :
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Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	WILSON, SHAWN	Name	MACDONALD, SCOTT	
Address	5300 W CYPRESS STREET, SUITE 200	Address	5300 WEST CYPRESS STREET, SUITE 200	
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607	

Certificate of Status Desired: No

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and 06/22/2020



Date

Date