

LOS 0000 82083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

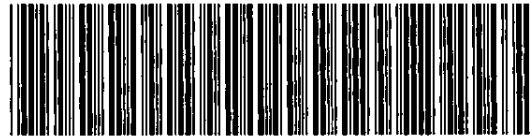
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800241065048

10/24/12--01004--026 \*\*25.00

FILED  
2012 OCT 24 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE  
OCT 25 2012  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Codablue, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vincent Carrodegua  
Name of Person

Goldstein Schechter Koch  
Firm/Company

2121 Ponce De Leon Blvd., # 1100  
Address

Coral Gables, FL 33134  
City/State and Zip Code

carmita.nason@gskcpas.com  
E-mail address: (to be used for future annual report notification)

2012 OCT 24 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Vincent Carrodegua at ( 305 ) 442-2200  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Coda blue, LLC
2. (a) Principal office address of limited liability company: c/o Vincent Corradeguas  
2121 Ponce De Leon Blvd, #1100  
Coral Gables, FL 33134  
*(Note: MUST BE STREET ADDRESS)*
- (b) Mailing address of limited liability company: (same as Principal Address)  
*(Note: MAY BE POST OFFICE BOX)*
3. Date of filing/registration in Florida: 8/18/05
4. Document number: L05000082083
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: Corporate Maintenance Service, LLC  
Registered Office Address: 1000 Brickell Ave, Suite 215  
Miami, FL 33131
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: Vincent Corradeguas  
NEW Registered Office Address: Goldstein Schechter Foch  
(MUST BE FLORIDA STREET ADDRESS) 2121 Ponce De Leon Blvd, #1100  
Coral Gables, FL 33134

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member  
Hector Gerzenstein  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00