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PICK-UP	☐ WAIT	MAIL
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COVER TETTER

TO: Registration Section Division of Corporations			
SUBJECT: Blue Ray Investments 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:			
Michael Durso Name of Person			
Blue Ray Investments LLC Firm/Company			
PO BOX 291743			
Temple Tenace Pl. 33687 City/State and Zip Code			
City/State and Zip Code Mike from ft a Tampabase rr. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Michael Darso at (813) 985-0077			
Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327			
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314			
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

0.1	
1. Name of the limited liability company:	Ray Investments LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	
	Thonotos assa Fl. 33592
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	11842 CR 579
- /	Thonoto sassa F1. 33592
JUNE 21st 2010	L10000066041
3. Date of filing/registration in Florida	Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	Anna F. Durso
Registered Office Address:	7715 Fox Bloom Dr.
	Port Richey F1. 33 34668
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:
<u>NEW</u> Registered Agent:	Evan Durso
NEW Registered Office Address:	11842 CR 579
(MUST BE FLORIDA STREET ADDRESS)	Thonotosassa ,FL 22-33592
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of e provided in the articles of organization or
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer- address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Evan Surso Signature of Registered Agent	8 8 T
· · ·	7 Tallahassaa El 32314 Cr. 72 Cr.
Division of Corporations, P.O. Box 632 FILING FEE: \$2:	

INHS18 (05/08)