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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

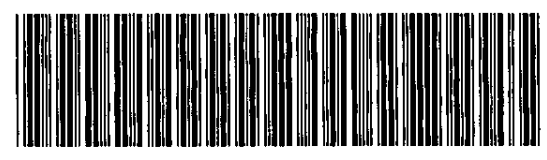
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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REGISTERED MAIL
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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

MAY 10 2017
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE TEAM RESTORATION, 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:

Bryan Meklir

Name of Person

Firm/Company

6400 Park of Commerce Blvd., Suite 1B

Address

Boca Raton, FL 33487

City/State and Zip Code

bmeklir@bbmkcontracting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Sommer at (**954**) **928-3870**
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 605.0114 or 605.0116, 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: BLUE TEAM RESTORATION, LLC

2. (a) <u>6400 Park of Commerca Blvd, Suite1B</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>Boca Raton, FL 33487</u>	(b) <u>6400 Park of Commerce Blvd, Suite 1B</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Boca Raton, FL 33487</u>
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3. <u>10/21/2010</u> Date of filing/registration in Florida	4. <u>L10000109979</u> Document number
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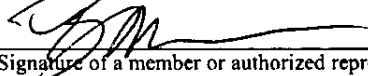
5. (a) Bryan, Meklir
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1395 NW 17th Ave.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
113
Delray Beach, FL 33444

(b) Meklir, Bryan
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
6400 Park of Commerce Blvd.
NEW Registered Office Address:
Suite 1B
Boca Raton, FL 33487


MAY 17 2008
 17 MAY - 8 AM '08
 TALLHASSEE, FLORIDA

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 of a member or authorized representative of a member

Bryan Meklir, Managing Member
 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 605, 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 of Registered Agent