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(Re	equestor's Name)			
, (Ac	ldress)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Na	me)		
(Document Number)				
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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUEBIRD WAG PALM BAY 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:

LINDA CRISP

Name of Person

BLUEBIRD14 HOLDINGS LLC

Firm/Company

P O BOX 10809

Address

DAYTONA BEACH FL 32120-0809

City/State and Zip Code

LCRISP@CTLC.COM

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

For further information concerning this matter, please call:

LINDA CRISP

_{at (}386)

944-5632

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. N	ame of the limited liability company: BLUEBIRD WAG PAME	BAY LLC		
2. (a)	Principal office address of limited liability company			
	(Note: MUST BE STREET ADDRESS)	DAYTONA BEACH FL 32117		
(h) Mailing address of limited liability company:	P O BOX 10809		
(-	(Note: MAY BE POST OFFICE BOX)	DAYTONA BEACH FL 32120-0809		
	1 4, 2013	M13000001380		
3. D	ate of filing/registration in Florida	4. Document number		
5. (a	a) Registered Agent and Registered Office shown on t	he records of the Florida De	pt. of S	State:
	Registered Agent:	REGISTERED AGENT SOLUTIONS, INC	.	
	Desistant Office Address	ASS OFFICE DI AZA ODINE CTC A	<u> </u>	201
	Registered Office Address:	155 OFFICE PLAZA DRIVE, STE A TALLAHASSEE FL 32301	<u>一</u> 之	
			12	
			55	
(b) Enter name of NEW Registered Agent and/or NEW	W Registered Office addres	ss:	
	·		r - 1	
	NEW Registered Agent:	LINDA CRISP		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1530 CORNERSTONE BLVD., STE 100	<u> </u>	<u> </u>
	(Medi bij i bolion silkbij i bolibssy	DAYTONA BEACH	,FL	32117
confi and the liabil the many the or	limited liability company is not organized under the larmed that after the change or changes are made, the Flhe business office of the registered agent will be ident ity company, it is hereby confirmed that the change(s) nembers of the limited liability company or as otherwise perating agreement of the limited liability company. Consolidated Tomoka Land Co., as managing are of a member or authorized representative of a member	orida street address of the re	egistere	ed office
Printe	CRISP d or typed name of signee	_		
I her comp and I Chap addre	reby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po ter 608, F.S. Or, if this document is being filed to me ess, Thereby confirm that the limited liability company	gree to act in this capacity. per and complete performa sition as registered agent as rely reflect a change in the r v has been notified in writing	I furth nce of provide egister g of this	er agree to my duties, ded for in red office s change.
Signat	ure of Registered Agent			

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