P04000)89396

(Requestor's Name)
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporation	on rations		
SUBJECT:	Blue Belle Investm	ents, Inc.	
	raine or corp		
DOCUMENT NUMBER	P0400	0089396	
The enclosed Statement of	Change of Registered Office/A	gent and fee are submitted for filing.	•
Please return all correspond	dence concerning this matter to	the following:	
	Debra Millin	owisch	
	Name of Contact	et Person	
	Quarles & Bra	adv I I P	
<u></u>	Firm/Comp		
	300 N. LaSalle St		
	Addres	3	
	Chicago, IL City/State and 2	60654	
	City/State and I	Sip Code	
	cpajay@aol	.com	
E-mail	address: (to be used for futu	re annual report notification)	
	•		
For further information cor	ncerning this matter, please call	:	
Debra N	fillinowisch	at (312) 715-5000 Area Code & Daytime Telephone Num	
Name of Co	ontact Person	Area Code & Daytime Telephone Num	iber
Enclosed is a \$35.00 check	made payable to the Departme	nt of State.	
М	ailing Address:	Street Address:	
Ā	mendment Section	Amendment Section	
	vision of Corporations O. Box 6327	Division of Corporations Clifton Building	
	illahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	nange is submitted for a co	orporation organiza	607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Stat	te of Florida	
1. The name of	f the corporation: Blue [Belle Investm			
3. The mailing	address (if different):				
4. Date of inco	rporation/qualification:	6/8/2004	Document number:	P04000089396	
	nd street address of the cur artment of State: (If resign		nt and registered office on f	ile with the	
	Naples-Lawdock, I	nc.			
	1395 Panther Ln.,	# 300			
	Naples, FL 34109			11 gg	
6. The name an (if changed):			if changed) and /or register	全角 吊	- ~ > ក្តី
	Jay Serþin				
	9600 W. Sample R	oad, Suite 500 P.O: Box NOT ac	cceptable		0
	Coral Springs, FL 3			<u></u>	
The street addr	ress of its registered office	e and the street ad	dress of the business office	e of its registered agent,	
-			y its board of directors or lied in writing of the chang		ė
Signati	Ae.L.		Jay Serbin, Vic	e President	
1/		stered agent and c sions of all statute I accept the obliga t a change in the r tof this change.	agree to act in this capacit s relative to the proper an stion of my position as regi egistered office address, T	y. d complete performance istered agent. Or, if this hereby confirm that the	?
- Jen	Acute of Registered Agent		12/5/	1,,	
f signing on be	ehalf of an entity:		Salo		
Blue Bel	IC (NVESTMENTS,	INC. /JAMSE	FABIN	·	
7	yped or Printed Name	/			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *