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(Re	questor's Name)			
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Certified Copies	Certified Copies Certificates of Status			
Special Instructions to I	Eiling Officer	-		
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## **COVER LETTER**

TO:	Amendme Division o	nt Section f Corporations			
SUBJ	ECT:	Blue Lake De	evelopment C Name of Corporati	orporation	
DOC	UMENT NU	MBER:	19187	3	
The ea	nclosed State	ment of Change of Regis	tered Office/Agent	and fee are submitted for filing.	
Please	return all co	rrespondence concerning	this matter to the f	following:	
			Bruce Rapee		
		N	ame of Contact Per	rson	
Blue Lake Development Corporation					
			Firm/Company		
	9823 SW 93 Terrace Address				
			Addless		
			Miami, FL 3317	76	
		C	ity/State and Zip C	ode	
		BLD	Corp@bellsouth	n.net	
	_			nnual report notification)	
For fu	rther informa	ation concerning this matt	er, please call:		
		Bruce Rapee	at (	305 773-0303 rea Code & Daytime Telephone Number	
	Nar	ne of Contact Person	Ā	rea Code & Daytime Telephone Number	
Enclos	sed is a \$35.0	0 check made payable to	the Department of	State.	
		Mailing Address: Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	rations	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

TO:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Blue Lake Development Corporation
2. The principal office address: C/o Bruce Rapee
9823 SW 93 Terrace, Miami, FL 33176
3. The mailing address (if different): n/a
<del></del>
4. Date of incorporation/qualification: 03/24/1956 Document number: 191873
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  E59  Stuart M. Rapee (deceased, 11/19/2010)
3750 NE 208 St
Aventura, FL 33180  6. The name and street address of the new registered agent (if changed) and (or registered office)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Bruce Rapee
9823 SW 93 Terrace
P.O. Box NOT acceptable
Miami, FL 33176
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Surace (gase, Pres. Bruce Rapee, President & Director Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent December 14, 2010  Date
If signing on behalf of an entity:
Typed or Printed Name

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