

4/25/22, 12:01 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

A03000001223

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : KATZ BASKIES & WOLF PLLC  
Account Number : 120080000071  
Phone : (561)910-5700  
Fax Number : (561)910-5701

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: thomas.katz@katzbaskies.com

**REGISTERED AGENT CHANGE  
BLUE RIVIERA LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

APPROVED  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLUE RIVIERA LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A03000001223

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

THOMAS O. KATZ

Contact Person

KATZ BASKIES & WOLF PLLC

Firm/Company

3020 NORTH MILITARY TRAIL SUITE 100

Address

BOCA RATON, FL 33431

City, State and Zip Code

alex@milton-construction.com

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

For further information concerning this matter, please call:

Thomas O. Katz

at (561) 910-5700

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. BLUE RIVIERA LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/27/2003

Date of filing/registration in Florida

3. A03000001223

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Lazaro Milton

Name

3711 SW 27th Street

Address

Miami, FL 33134

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Alexander Milton

Name

3711 SW 27th Street

Florida street address (P.O. Box not acceptable)

Miami

FL 33134

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
Signature of General Partner

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.

[Signature]  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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