

A16 0000 00292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZULU BLUE LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A16000000292

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:

Cammie Warburton
Contact Person

Corporate Direct, Inc.
Firm/Company

2248 Meridian Blvd., Suite H
Address

Minden, NV 89423
City, State and Zip Code

cwarburton@corporatedirect.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cammie Warburton at (775) 284-7162
Name of Contact Person Area Code and Daytime Telephone Number

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

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**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. ZULU BLUE LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 6/13/2016 3. A16000000292
Date of filing/registration in Florida 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:

Gerri Detweiler
Name

1037 Greystone Lane
Address

Sarasota, FL 34232
City, State and Zip

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

REGISTERED AGENTS INC.
Name

3030 N. Rocky Point Drive, STE 150A
Florida street address (P.O. Box not acceptable)

Tampa FL 33607
City, State and Zip

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


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.

 Bill Havre/Assistant Secretary
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA