## L02000031714

(Ře	questor's Name)	
(Ad	dress)	
·	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only

BOLDARY OF STATE



000022982140

09/16/03--01002--013 \*\*25.00

AL



FILED

03 SEP 18 PM 3: 15

12 11 ZHO ZETE, FLORIDA

September 4, 2003

BLUE SKY LLC C/O JUAN CARMONA 308 BLUE BAYOU DR. KISSIMMEE, FL 34743

SUBJECT: BLUE SKY LLC Ref. Number: L02000031714

We have received your document for BLUE SKY LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 303A00042418

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submits	s of sections 608:416 or 608 the following statement in or	508, Florida Statutes, the undersigned limite der to change its registered; office or registere F11 3:	ed ed
1. The name of the limited	OLUE	SKY LLC.	15 
		s: 10317 ROCKING A RUN	ΓE DΔ
		ORLANDO, FL 32825	
11-25-	2002	L02000031714	
3. Date of filing/registration		4. Document number	_
5. The name of the register Florida Department of S		fice address as shown on the records of the	
	Name 10317 ROCKING A RUN		. –
	Address ORLANDO, FL 32825		
	City, State an	·	
6. The name and address of	of the new registered agent and	or office:	
	JUAN CARMONA		
	308 BLUE BAYOU DR.		
-	Florida street address (P.O. E	Sox NOT acceptable)	
	KISSIMMEE FL 34	4743	
·	City, State and	Zip	
confirmed that after the ch and the business office of liability company, it is her the members of the limited	ange or changes are made, the the registered agent will be ide eby confirmed that the change	e laws of the State of Florida, it is hereby Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote wise provided in the articles of organization or	of
(Signature of a member of fution)	se representative of a member)		•
FERNANCO (Printed or typed name of signee)	HURTADO		
I hereby accept the appoing comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm		l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.	9
Signature of Registered Agent)			<u></u>
Divisio	n of Corporations, P.O. Box	6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18(10/99)