L02000033250

-		
3592 Ma	der Designs, LL(oss Pointe Place ary, FL 32746	2
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	*
		1

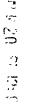
Office Use Only



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04/20.04-010/3-007 **25.00

Charles of Trade





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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the	limited liability company is:	Blue Spider Designs L.L.C.
		mpany is : 6767 Green Swamp Rd
Clermont Fl. 3471	1	
12/2002		L02000033250
3. Date of filing/reg	istration in Florida	4. Document number
5. The name of the r Florida Departme	egistered agent and the regist nt of State: Chris Orpurt	ered office address as shown on the records of the
	6767 Green Swamp	Name Rd
	Clermont, Fl. 34711	Name Rd Address State and Zip ent and/or office:
6. The name and add	dress of the new registered ag	ent and/or office:
	Todd Martin	man di salah di salah salah Salah salah sa
	3592 Moss Pointe P	lame lace
	Florida street address	(P.O. Box NOT acceptable)
	Lake Mary,	FL 32746
	City, St	ate and Zip
confirmed that after and the business offiliability company, it the members of the lithe operating agreen	the change or changes are ma	ander the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office I be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of s otherwise provided in the articles of organization or impany.
Chris Orpurt		
(Printed or typed name of	• ,	
I hereby accept the comply with the provand I am familiar with Chapter 608, F.S. Caddress, I hereby co	appointment as registered ag visions of all statutes relative th and accept the obligations or, if this document is being f infirm that the limited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in iled to merely reflect a change in the registered office company has been notified in writing of this change.
(Signature of Registered A	gent)	

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

INH\$18(10/99)

FILING FEE: \$25.00