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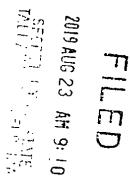
(Requestor's Name)					
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(City/State/Zip/Phone #)					
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PICK-UP	☐ WAIT	MAIL			
	usiness Entity Name	<u>., </u>			
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Certified Copies	Certificates o	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

_	ision of Corporations					
SUBJECT:	Blue Moon Outdoor Center					
Name of Limited Liability Company						
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return	all correspondence concerning this matter to the following:					
LAI	JREN RIDLEY Name of Person					
BLUE	E MOON OUTDOOR CENTER Firm/Company					
1201 N	JORTH FEDERAL HWY #4704 Address					
FORT	LAUDERDALE, FL 33304 City/State and Zip Code					
LAURE-mail	address: (to be used for future annual report notification)					
For further in	nformation concerning this matter, please call:					
LAURE	Name of Person at (954) 299-5134 Area Code & Daytime Telephone Number					
Regi Divi: Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle phassee, Florida 32301 ENERT/COURIER ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
MHS18 (2/14	25 Filing Fee & Certified Copy)					

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.

Tunita			_	
L. Nai	me of the limited liability company: Rive M	<u> </u>	CUTDOUR	L CENTER
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Fort Landing deals FL 3530		Mailing (<u>Note</u> #나70나	address of limited liability company: MAY BE POST OFFICE BOX) Alexandria FL 33304
			1017 (200	acroad FC 33304
	12/2004		L04000	0086992
3.	Date of filing/registration in Florida	4,	Docu	iment number
5. (a)	Lauren White			
	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:	
	Registered Office Address	DDRESS,		
(b)	Lauren Ridley			2016 557 77.1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	lr <u>ess</u> :	7019 AUG 23
				23
	NEW Registered Office Address:			宝 川
				9
				10 o
	, FL			
the cha agent v was/we	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited linere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis ability co of the lim limited l	acred office and impany, it is here ited liability con iability company	the business office of the registered oby confirmed that the change(s) appany or as otherwise provided in
	ture of a member or authorized representative of a member	<u>_</u>	auren	Ridle— ted or typed name of signee
	the second constitution and commissional are not and over	eatet fea angl	in this connective	I fuerbor caree to comply with the
-provisi -the obl -to mere	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I dip writing of this change.	perform d for in (hereby c	mee of my dutie Thapter 605. F.S onfirm that the l	s, and I am Jamiliar with and accept . Or, if this document is being filed imited liability company has been
Kignatu	ire of Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FH.ING FEE: \$25.00