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N. Culligen JAN - 8 2013

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SURJECT: AZBLUE, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

## James and Mary Kasten

Name of Person

## Champagne Limited Partnership

Firm/Company

11045 N 77th Street

Address

Scottsdale, AZ 85260

City/State and Zip Code

### marykasten@yahoo.com

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

For further information concerning this matter, please call:

Jim and Mary Kasten

<sub>at</sub> 480

348 3868

Name of Person

Area Code & Daytime Telephone Number

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

#### **MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

**\$25** Filing Fee

□ \$55 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 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. Name of the limited liability company: AZBLUE, LLC		-+	- <del>C</del>	
2. (a) Principal office address of limited liability company:		ALL A	2013	
(Note: MUST BE STREET ADDRESS)	Cocoa Beach, FL 32931		A	=
(b) Mailing address of limited liability company:	11045 N. 77th Street Scottsdale, AZ 58260		7 2	
(Note: MAY BE POST OFFICE BOX)	Scottadare, AZ 30200	- <u>SS</u>	Ņ	
1/18/2005	L05000009797	<b>8</b> m	53	
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida D	ept. of St	tate:	
Registered Agent:	Judith A. Kasten			
Registered Office Address:	1265 SE 21st Street Okeechobee, FL 34974			
	Orden (1997)			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office addre	e <u>ss</u> :		
<u><b>NEW</b></u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3799 S. Banana River Blvd, #830 Cocoa Beach			
MUSI BE FLORIDA STREET ADDRESS		,FL <u>3</u>	2931	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	orida street address of the lical. Or, in the case of a Fl was/were authorized by an	registered orida lim affirmat	d officited live v	ote of
James and Mary Kasten for Champagne Limited Partnership  Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. Sper and complete perform sition as registered agent a rely reflect a change in the has been notified in writi	I furthe ance of n is provide registere ng of this	r agr 1y du ed foj ed off char	ee to ties, in ice ige.

Signature of Registered Agent