L05000041181

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500381275805

01 - 700 -01007--028 **-****88.00

2027 FEB 16 PM 1:58 SEUNCHARY OF STATE TALLAHASSEE, FL

ROCHS

FEB 24 TOTE ALBRITTON

COVER LETTER

Division of Corporations	•						
	Properties, LLC d Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to t	he following:						
Guenter Bosner Name of Person							
Blueville Properties,	<u>uc</u>						
241 Windward Way							
Niceville Fundla 325 City/State and Zip Code Qunbos Cembaramoil (E-mail address: (to be used for future annual report no	Úm.						
For further information concerning this matter, please call:							
Guenter Bosner at (8) Name of Person	Nrea Code & Daytime Telephone Number						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check for the following amount:							
\$25 Filing Fee	S55 Filing Fee & Certified Copy						

INHS18 (2/14)

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.

		55	•	• •		_
1. Na	me of the limited liability company:Bue	vill	e P	ro pert	ies, luc	_
2. (a)	Guenter Bosner				,	
(, -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		_	of limited liability co BE POST OFFICE	
	271 Wind Ward Way		PO	Box	50 36	
	Niceville, Fi 32578		Ni	ceville	FL 325	78
	04/26/2005		Lo	5000	041181	
3.	Date of filing/registration in Florida	4.		Document nu		
5. (a)						
()	Registered Agent and Registered Office shown on the records of the	he Florida L	Dept. of Sta	ite;		
	Bosne, Guente			_	20	
	Registered Office Address (MUST BE FLORIDA STREET A				22 F	===
	3308 Broad view Circle	<u> </u>	c==	-	FEB ALLA	-
	Crestview .FL	325	39		HXX 5	e e e e e e e e e e e e e e e e e e e
	· · · · · · · · · · · · · · · · · · ·			_	SSE SSE	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (_	English Time	U
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addi	ress:		7.	i i
	NEW Registered Office Address:			_		
	241 Windward Way					
	Nice ville , FL	325	78	•		
If the li	mited liability company is not organized under the law			— Iorida it is ben	chy confirmed th	at after the
change	or changes are made, the Florida street address of the i	registered	office ar	nd the business	soffice of the reg	istered
agent w was/we	vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of	fility con:	ipany, it i ed liabili	is nereby confi ty company or	rmed that the char as otherwise pro	ange(s) vided in
the artic	cles of organization or the operating agreement of the l	imited lia	bility cor	mpany.	2 Bosin	a (
Cianas	ure of a member or authorized representative of a member				d name of signee	
_		n to act i	n thin acr		•	by with the
provision the oblication to mere notification to the contraction to th	oy accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a dhange in the registered office address, I have in writing of this change.	e to act in performan for in Ch ereby con	i this cap ice of my apter 60, firm that	duties, and La 5, F.S. Or. if t the limited lia	m familiar with a his document is his document is his bility company h	y wun ine and accept seing filed as been
Ć:						