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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: BLUE MICHAEL L.L.C. (Name of Limited Liabi	lity Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
Alfredo Nardi (Name of Person)				
BLUE MICHAEL L.L.C. (Firm/Company)	_			
150 SE 25th. Road #5-L				
(Address)				
A state of the second s				
Miami, Florida 33129 (City/State and Zip Code)	_			
For further information concerning this matter, please cal Alfredo Nardi at (305	l: \ 856-7285			
(Name of Person)	(Area Code & Daytime Telephone Number)			
(Number of Forson)				
Registration Section Re Division of Corporations Div Clifton Building P.C	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 \$\frac{1}{2} \\$	55 Filing Fee & Certified Copy			

INHS18 (8/05)

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.

ageni, or boin, in the state of	rioriaa.	•		
1. The name of the limited l	iability company i	S: BLUE MICHAEL	L.L.C.	
2. The mailing address of th	e limited liability	company is : 150 SI	E 25th. Road # 5-l	<u>L</u>
Miami, Florida 33129				
April 07, 2006		L060	000036494	
3. Date of filing/registration	in Florida	4. Do	ocument number	
5. The name of the registered Florida Department of Sta	l agent and the reg	istered office addres	ss as shown on the r	ecords of the
•	PIEGEL & UT	RERA, P.A.		
_		Name		
<u>18</u>	340 SW 22nd.	Street - 4th. Floo	<u>r</u>	
		Address		
<u>M</u>	iami, Florida 33			
	Ciņ	, State and Zip		
6. The name and address of t	he new registered	agent and/or office:		
<u>Al</u>	fredo Nardi		·	
15	60 SE 25th. Roa	Name ad #5-I		
		ss (P.O. Box NOT a	accentable)	
		•	,	
<u>M</u>	iami City	FL 33129 State and Zip		_
	City,	State and Zip		
If the limited liability compa confirmed that after the chan and the business office of the liability company, it is hereb of the members of the limite or the operating agreement of	ge or changes are registered agent v v confirmed that the	made, the Florida st vill be identical. Or ne change(s) was/we	reet address of the r , in the case of a Flore ere authorized by an	registered office orida limited affirmative vote
(Signature of a member or authorized	representative of a men	ber)		
Grace Nardi - MANAGI	R - 12 - 05	-2006		
(Printed or typed name of signee)	· · · · · · · · · · · · · · · · · · ·			
I hereby accept the appoints comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm the	nent as registered fall statutes relati ccept the obligatio document is being at the limited liabi	agent and agree to dive to the proper and ins of my position as filed to merely reflictly company has been	act in this capacity. I complete performa registered agent as ect a change in the en notified in writin	I further agree to ince of my duties, s provided for in registered office g of this change.
(Signature of Registered Agent)				DECR
Division o	f Corporations 1	O Dog 6227 Tall	chasses EL 2221/	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 SECRETARY OF STATE
DIVISION OF CORPORATIONS