

Lab000044342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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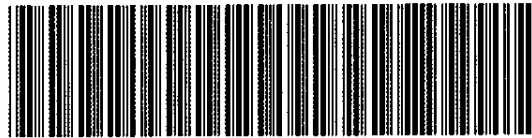
(Business Entity Name)

(Document Number)

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13 FEB - 8 PM 1:54

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13 FEB - 8 AM 10:05  
TALLAHASSEE, FLORIDA

B. BOSTICK

FEB 13 2013

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 526301 4352697

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 8, 2013

ORDER TIME : 12:44 PM

ORDER NO. : 526301-060

CUSTOMER NO: 4352697

CHANGE OF AGENT

NAME: CNU BLUE 2, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

EXAMINER: \_\_\_\_\_

FILED  
13 FEB -8 AM 10:05  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CNU BLUE 2, 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:

Jennifer Webb  
(Name of Person)

Humana, Inc.  
(Firm/Company)

500 West Main Street  
(Address)

Louisville, KY 40202  
(City/State and Zip Code)

**FILED**  
13 FEB - 8 AM 10:05  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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: CNU BLUE 2, LLC

2. (a) Principal office address of limited liability company: 777 YAMATO ROAD, SUITE 510  
(Note: **MUST BE STREET ADDRESS**) BOCA RATON, FL 33431

(b) Mailing address of limited liability company: 500 W. MAIN STREET, 21ST FLOOR  
(Note: **MAY BE POST OFFICE BOX**) LAW DEPARTMENT, LOUISVILLE,  
KY 40202

4/27/06 L06000044342  
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: CORPORATE CREATIONS NETWORKS, INC.

Registered Office Address: 11380 PROSPERITY FARMS ROAD  
#221E, PALM BEACH GARDENS, FL  
33410

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street  
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32302

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Joan O. Lenahan  
(Signature of a member or authorized representative of a member)

Joan O Lenahan, Vice President & Corporate Secretary  
(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By: Sheryl A. Gibbs  
(Signature of Registered Agent) Corporation Service Company Sheryl A. Gibbs, Asst. VP

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

FILED

13 FEB - 8 AM 10:05

TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 11, 2013

CSC  
CNU BLUE 2, LLC  
CARINA L. DUNLAP

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: CNU BLUE 2, LLC  
Ref. Number: L06000044342

We have received your document for CNU BLUE 2, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 513A00003304

FILED  
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DEPARTMENT OF STATE  
13 FEB - 8 AM 10:05 / 13 FEB 12 AM 10:47  
TALLAHASSEE, FLORIDA