

**LO7000075852**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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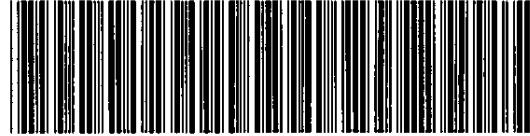
(Business Entity Name)

(Document Number)

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AUG 30 2016  
S. YOUNG

16 AUG 29 AM 11:01

FILED  
CLERK OF DISTRICT COURT  
JULIA DASSERRE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Registered Agent Change

\_\_\_\_\_  
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:

George B. Ribarovski

\_\_\_\_\_  
Name of Person

Law Offices George B. Ribarovski, PA

\_\_\_\_\_  
Firm/Company

4701 N. Federal Hwy Suite 315

\_\_\_\_\_  
Address

Lighthouse Point, FL 33064

\_\_\_\_\_  
City/State and Zip Code

bcmwfund1@yahoo.com

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

For further information concerning this matter, please call:

George Ribarovski

at ( 954 )

5864092

\_\_\_\_\_  
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

16 AUG 29 AM 11:01

**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.*

1. Name of the limited liability company: BLUE CHIP MORTGAGE WHOLESALE FUND I, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

2916 NE 23rd Avenue Lighthouse Point, FL 33064 2916 NE 23rd Avenue Lighthouse Point, FL 33064

07/24/2007

L07000075852

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

5. (a) JOHNSON, GARRY W.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1401 EAST BROWARD BLVD #206

FT. LAUDERDALE, FL 33301

(b) George B. Ribarovski Esq.

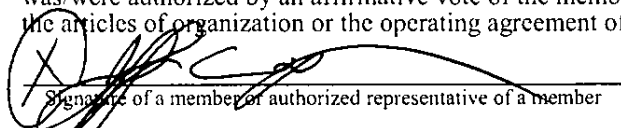
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

4701 N. Federal Hwy. Suite 315

Lighthouse Point, FL 33064

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.

  
Signature of a member or authorized representative of a member

JEFFERSON HENN

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 605, 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.*

  
Signature of Registered Agent

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

16 AUG 29 AM 11:01