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J. SAULSBERF EXAMINER MAY 30 2012

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 8300 Bisca-in Name of Limited	d Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Robert Bailey	
Name of Person	
Firm/Company	
401 E Las Olas Blvd Suite 130-521	
Ft Lauderdale, FL 33301 City/State and Zip Code	ZOIZ HAY 29 A SECRETARY OF ALLAHASSEE,
goodearthpropman@earthlink.net E-mail address: (to be used for future annual report notification	on) OF STATE OF STAT
For further information concerning this matter, plea	ase call:
Robert Bailey at (at (954) 463-9099 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 amo	ount:
✓ \$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: 830	O Biscayne Blue LLC
2. (a) Principal office address of limited liability compa	any: 401 East Las Olas Blvd
(Note: MUST BE STREET ADDRESS)	Suite 130-521 Ft Lauderdale, FL 333015
(b) Mailing address of limited liability company:	401 East Las Olas Blvd
(Note: MAY BE POST OFFICE BOX)	Suite 130-521
7/24/2007	L07000076272 M
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	Robert Buly
Registered Office Address:	14831 au 7Ae miami, FL 33168
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	IEW Registered Office address: Robert Bailey
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	401 East Las Olas Blvd Suite 130-521 Ft Lauderdale ,FL33301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as ottor the operating agreement of the limited liability company or as ottor the operating agreement of the limited liability company. Signature of a member of authorized representative of a member Robert Bailey Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filled to address, I hereby confirm that the limited liability comp	he laws of the State of Florida, it is hereby be Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization any.
Signature of Registered Agent	

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