

LD9000043723

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O. ... NOV 13 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bluedub, 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:

Gary M. Williams

Name of Person

Bluedub, LLC

Firm/Company

4907 Midtown Lane #1402

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

gwilliams@bluedub.com

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

For further information concerning this matter, please call:

Gary M. Williams

Name of Person

at (561)

531-9142

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: Bluedub, LLC

2. (a) Principal office address of limited liability company: 2729 Anzio Ct. #306
 (Note: **MUST BE STREET ADDRESS**) Palm Beach Gardens, FL 33410

(b) Mailing address of limited liability company: _____
 (Note: **MAY BE POST OFFICE BOX**) _____

05/05/2009
 3. Date of filing/registration in Florida

L09000043723
 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 Registered Agent: Gary M. Williams
 Registered Office Address: 2729 Anzio Ct. #306
Palm Beach Gardens, FL 33410

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: _____
NEW Registered Office Address: 4907 Midtown Ln.
(MUST BE FLORIDA STREET ADDRESS) #1402
Palm Beach Gardens, FL 33418

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.

Gary M. Williams
 Signature of a member or authorized representative of a member

Gary M. Williams
 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.

Gary M. Williams
 Signature of Registered Agent

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