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T. BROWN

COVER LETTER

TO: Registration Section **Division of Corporations BLUE FUSION ENTERPRISES 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: **Justin Drach** Name of Person Firm/Company 5262 Commissioners Drive Address Jacksonville, FL 32224 City/State and Zip Code justindrach@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Justin Drach** Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

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.

ì.	Nar	me of the limited liability company: BLUE FUSION ENTERP	RISES LLC
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	5262 Commissioners Drive Jacksonville. FL 32224
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5262 Commissioners Drive Jacksonville, FL 32224
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5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept of State;
		Registered Agent:	DRACH, JASON B
		Registered Office Address:	872 COLLINSWOOD DRIVE JACKSONVILLE. FL 32225
	(b)	Enter name of NEW Registered Agent and/or NEW	Registered Office address:
		NEW Registered Agent:	Justin Drach
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5262 Commissioners Drive Jacksonville, FL 32224
			,FL
an lia the	nfiri d the ibilit e me	imited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise arting agreement of the limited liability company.	orida street address of the registered office
	stin Dra inted	ach or typed name of signee	-
I co ar Ci aa	here mply d I d hapte lares	by accept the appointment as registered agent and as with the provisions of all statutes relative to the prount in familiar with and accept the obligations of my poser 608, F.S. Or, if this document is being filed to mers, it hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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

Signature of Registered Agent