

L100000069454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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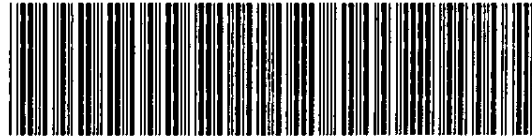
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

MAY 10 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Ribbon Agency 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:

Cheryl Collins

Name of Person

Blue Ribbon Agency LLC

Firm/Company

22060 N. Highway 441

Address

McIntosh, Florida 32664

City/State and Zip Code

pyodice@aol.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Cheryl Collins

Name of Person

at (352)

475-5486

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: BLUE RIBBON AGENCY LLC

2. (a) Principal office address of limited liability company: 22060 N Highway 441

(Note: MUST BE STREET ADDRESS)

McIntosh, Florida 32664

(b) Mailing address of limited liability company: 5513 Ne County rd 219a

(Note: MAY BE POST OFFICE BOX)

Melrose Florida 32666

June 29, 2010

3. Date of filing/registration in Florida

4. Document number

L10000069454
10000151175-3

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Brian McElroy

Registered Office Address: 10625 Lithia Estates Drive
Lithia, Florida 33547

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

NEW Registered Agent: Pat Yodice

NEW Registered Office Address: 22060 N Highway 441
(MUST BE FLORIDA STREET ADDRESS) McIntosh, Florida 32664
FL

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.

Cheryl Collins
Signature of a member or authorized representative of a member

Cheryl Collins
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.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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MAY - 9 PM 1:16
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