## U0000075273

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
• • • • • • • •									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
Special instructions to Filing Officer.									

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SECRETARY OF STATE SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporations									
Blue Line Consultants,	LLC								
Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.								
Please return all correspondence concern	ning this matter to the following:								
Michael J. O'Reilly									
Name of Person									
Blue Line Consultants, LLC									
Firm/Company									
2316 Pine Ridge Rd. #368									
Address									
Naples, FL 34109									
City/State and Zip C	Code								
bluelineconsultants@centurylink.r	net								
E-mail address: (to be used for futu	re annual report notification)								
For further information concerning this r	matter, please call:								
Michael O'Reilly	239 248-5057								
Name of Person	Area Code & Daytime Telephone Number								
STREET/COURIER ADDRES 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								

INHS18 (2/14)

TO:

## 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.	Na	me of the limited liability company: Blue Line Con	sultant	s, LLC				
2	(a)	Business Address	(b) Mailing Address					
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(9,		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) e Ridge Rd. #368			
		2316 Pine Ridge Rd. #368		2316 Pir				
		Naples, FL 34109	<del>-</del>	Naples, FL 34109				
		07/16/2010		L1000007	75273			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	Michael J. O'Reilly						
٠,	(4)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	- e:			
		O'Reilly, Michael J.						
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	<u>)</u>	-			
		219 Woodshire Lane						
		Naples , FL	34105		-	SEC	141	
(	(b)	Michael J. O'Reilly			_	RETA	14 NOV 21	-m
		Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered (</u>	Office add	lress.		RY I		一声 一声
		O'Reilly, Michael J.			_	RETARY OF STATE AHASSEE, FLORID	PM 6: 0↓	
		NEW Registered Office Address:				RIO.	40	
		2316 Pine Ridge Rd. #368			-	₽		
		Naples , FL	34109		_			
the age wa	cha ent w s/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of clessof organization or the operating agreement of the l	the regis bility co f the lim imited l	tered office mpany, it is ited liability	e and the business off s hereby confirmed the y company or as othe apany.	fice of tl hat the c	ie reg hange	istered e(s)
<u></u>	ignat	ure of a member or Juthorized representative of a member		naer J. O	Printed or typed name o	f signee		
I h pro the to not	nerel ovision obli mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete in igations of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change.  The of Registered Agent	ee to act performa for in C ereby co	in this cape ince of my e Chapter 605 infirm that	acity. I further agree	to com	ply wi h and s bein has b	ith the accept g filed een