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COVER LETTER

TO: Registration Section Division of Corporations	
	HOLDINGS, LLC d 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 m	atter to the following:
Stuart I. Grossman, Esq. Name of Person	
Levine Kellogg Lehman Schneider + Grossmanner Firm/Company 201 S. Biscayne Boulevard, 22nd Floor Address	
Miami, FL 33131 City/State and Zip Code	
sig@lklsg.com E-mail address: (to be used for future annual report notificati	on)
For further information concerning this matter, ple	ase call:
Stuart Grossman at (305) 403-8788 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 am-	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:	BLUE JAY HOLDINGS, LLC
2. (a) Principal office address of limited liability com	pany: 95 North County Road
(Note: MUST BE STREET ADDRESS)	Palm Beach, FL 33480
(b) Mailing address of limited liability company:	BLUE JAY HOLDINGS,LLC
(Note: MAY BE POST OFFICE BOX)	95 North County Road Palm Beach, FL 33480 🕏 🔊
04/11/2011	L110000425年第二
3. Date of filing/registration in Florida	4. Document number ASR
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept of State
Registered Agent:	Stuart I, Grossman
Registered Office Address:	201 S. Biscayne Boulevard 5 5 5 Miami Center - 34th Floor Miami, FL 33131
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:
NEW Registered Agent:	Stuart I. Grossman
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	201 S. Biscayne Boulevard Miami Center - 22nd Floor Miami ,FL 33131
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be inability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company.	he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization
Edward Leevan Printed or typed name of signee	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany 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