## L11000093961

(Re	questor's Name)	<del>-</del>
(Ad	dress)	
(Ad	ldress)	
(Cit	:y/State/Zip/Phon	e #)
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(Ви	siness Entity Nar	me)
(Do	cument Number)	
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T. CLINE
AUG 29 2011
EXAMINER

## **COVER LETTER**

Division of Co							
SUBJECT:			EALTORS, L Liability Comp				
	Name of t	Jiiiii(CG	Liability Comp	мпу			
Dear Sir or Madam:							
The enclosed Register	ed Agent/Registered C	Office (	Change and fee(	s) are submitted (	for filing.		
Please return all corres	spondence concerning	this ma	atter to the follo	wing:			
	IER RODRIGUEZ Name of Person						
	REALTORS, LLC Firm/Company		····				
13538 VILLA	GE PARK DRIVE ST	ΓΕ 260	<u> </u>		ALL AHA	灣川 柳 26	Even
	DO, FLORIDA 3283 /State and Zip Code	7			SSEE, FLOO	26 MIDE	, mar.
JRODRIGUEZ@CL E-mail address: (to be u	ASIFICADOSENFL sed for future annual report n	ORIDA otification	A.COM			24	
For further information	concerning this matte	er, plea	se call:				
JAVIER RC Name of F		_ at (	407 ) Area Code &	301-3401 & Daytime Telephone			
STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassec, Flor	orations Center Circle		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7			
Enclosed is a c	heck for the followin	g amoi	int:				
\$25 Filing F	ee		\$55 Filing I	Fee & Certified C	Сору		

## 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.

Name of the limited liability company:	BLUE REALTORS, LLC				
2. (a) Principal office address of limited liability compa	any: 13538 VILLAGE PARK DR		DR		
(Note: MUST BE STREET ADDRESS)	SUI) ORL	TE 260 ANDO, FL 32837	7		
(b) Mailing address of limited liability company:		SAME	<u>.                                    </u>		
(Note: MAY BE POST OFFICE BOX)					
08/15/2011	•	L1100009	3961		
3. Date of filing/registration in Florida	4. Do	cument number			
5. (a) Registered Agent and Registered Office shown o	on the rec	ords of the Florida	Dept. of	f State:	
Registered Agent:	RES	TO INVESTMEN	T GRO	UP, IN	<u>.C</u>
Registered Office Address:	SUIT	8 VILLAGE PARI E 260 ANDO, FLORIDA	1 14	Sulf III	
(b) Enter name of NEW Registered Agent and/or N	EW Reg	istered Office add	ress	626	Preze il Meze il Meze il
NEW Registered Agent:	<u>JAVI</u>	ER RODRIGUEZ		<u> </u>	12.5
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	SÜIT	88 VILLAGE PARI E 260 ANDO	<u>ت</u> س	5282 3282	7
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida s entical, C (s):was/w	street address of the Or, in the case of a livere authorized by :	e register Florida l an affirn	red offi imited native v	vote
Annie Resto Printed or typed name of signee	<del></del>				
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the pand I am farfiliar with and accept the obligations of my pand the complex of F.S. Or if this document is being filled to a caddress. I hereby confirm that the limited liability company	l agree to proper an position a nevely rej inv has b	eact in this capacit nd complete perfori registered agent fleet a change in th een notified in writ	v. I furti nance of as provi e registe ing of th	her agr my du ided foi ercd off is cham	ree to ties, r in lice lige,
Signature of Registered Agent					