## L12000076749

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	<del>=</del> #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only

B. KOHR

NOV 2 8 2012

**EXAMINER** 



500241167795

11/09/12--01008--011 \*\*35.00

12 MOV -9 PM 2: 37
SECNETABLY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: BlueWare Eire, LLC  Name of Corporation							
DOCUMENT NUMBER: L12000076749							
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing							
Please return all correspondence concerning this matter to the following:							
Pose M	Harr						
Rose M. Harr Name of Contact Person							
Blueware	Eire, LLC Firm/Company						
• •							
1825 Riv	erview Drive Address						
Melbourne, Florida 32901 City/State and Zip Code							
City/State and Zip Code							
rose@blueware.net							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Rose M. Harr Name of Contact Person	Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Department of State.							
Mailing Address Amendment Sec							
Division of Cor	• • • • • • • • • • • • • • • • • • • •						
P.O. Box 6327	Clifton Building						
Tallahassee, FL	32314 2661 Executive Center Circle						

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chan	ge is submitted for a c	corporation organized	807.1508, or 617.1508, I d under the laws of the S d agent, or both, in the S	State of Florida		
	•					
1. The name of the corporation: BlueWare Eire, LLC  2. The principal office address: 1825 Riverview Drive						
Melbourne, Florida 32901						
3. The mailing ad	dress (if different):					
4. Date of incorpo	oration/qualification: _	2/27/2012	Document number: _	L12000076749		
	street address of the coment of State: (If resig		nt and registered office of	on file with the		
_	Susan	C. Smith		FEE TO THE		
-	1499 S	outh Harvor (	City Boulevard,	Suite 202 p		
_	Melbou	rne, Florida	32901	in the same of the		
6. The name and so (if changed):	street address of the ne	ew registered agent (i	if changed) and /or regis	stered office		
_	Rose M	. Harr				
_	1825 R	iverview Driv				
		P.O. Box NOT acce				
Melbourne, Florida 32901						
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.						
Such change was	authorized by resolutions	tion duly adopted by	its board of directors o	or by an officer so		
	otan officer or director	<u> </u>	Printed or typed n	h. HARR LET		
I hereby accept to I further agree to performance of agent. Or, if this hereby confirm the	he appointment as res comply with the pro-	visions of all statutes miliar with and acce	gree to act in this capa is relative to the proper to the obligation of my a change in the registe priting of this change.	city. and complete position as registered		
If signing on behalf of an entity:						
Tyr	ped or Printed Name					

\* \* \* FILING FEE: \$35.00 \* \* \*