

L12000082683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

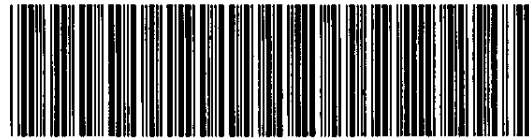
(Business Entity Name)

(Document Number)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

C. LEWIS

MAR 27 2013

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2013

FREDERIC A. SMITH / BLUE SHIFT TECHNOLOGIES, LLC
2233 NW SECOND PLACE
CAPE CORAL, FL 33993

SUBJECT: BLUE SHIFT TECHNOLOGIES, LLC
Ref. Number: L12000082683

We have received your document for BLUE SHIFT TECHNOLOGIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 613A00007244

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Blue Shift Technologies, LLC
c/o Frederic A. Smith
2233 NW Second Place
Cape Coral, FL
33993

Ms. Lewis,

Attached is my change of registered agent form. The letter number or reference number you supplied is **613A00007244**. In short, I'm changing the registered agent from Legal Zoom out of Glendale, CA to myself **Frederic A. Smith of 2233 NW Second Place Cape Coral, FL 33993**. Should you have any questions, please contact me at your convenience at (315) 391-9808.

Additionally, I'm attaching a copy of the letter you returned to me for correction. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Frederic A. Smith', written in a cursive style.

Frederic A. Smith

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Shift Technologies, 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:

Frederic A. Smith III
Name of Person

Blue Shift Technologies, LLC
Firm/Company

2233 NW Second Place
Address

Cape Coral, FL 33993
City/State and Zip Code

motrick@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frederic A. Smith III at (315) 391-9808
Name of Person 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 Shift Technologies, LLC

2. (a) Principal office address of limited liability company: 2233 NW Second Pl
Cape Coral, FL
33993
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: Same as above
(Note: **MAY BE POST OFFICE BOX**)

6/20/2012
3. Date of filing/registration in Florida

L12000082683
4. Document number

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

Registered Agent:

Registered Office Address:

Legal Zoom
101 N. Brand
11th Floor
Glendale, CA 91203

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

NEW Registered Agent:

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**)

Frederic A. Smith (self)
2233 NW Second Place
Cape Coral, FL 33993

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.

[Signature]
Signature of a member or authorized representative of a member

Frederic A. Smith
Printed or typed name of signer

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.

(SMC)
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32311
FILING FEE: \$25.00

FILED
13 APR 10 PM 1:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE