11200150102

(Red	questor's Name)	
(Add	iress)	
(Add	lress)	
(City	//State/Zip/Phone #	f)
PICK-UP	MAIT	MAIL
		
(Bus	siness Entity Name	·)
(Doc	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to F	Filing Officer:	
		
	Office Use Only	
	,	



200304085852

10/20/17--01014--030 **25.00

17 OCT 20 PM 1: 52

S. WARREN 0CT 2 3 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BlueNRGY LLC	
Name of Limi	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Alice Buechele	
Name of Person	
BlueNRGY LLC	
Firm/Company	
500 E. Broward Blvd, Suite 2400	
Address	
Fort Lauderdale, FL 33394	
City/State and Zip Code	
alice.buechele@drakerenergy.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	Н:
Alice Buechele 80	2 865-3866
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

. Na	me of the limited liability company: BlueNRGY LI	LC					<u></u>
!. (a)	500 E. Broward Blvd	(h	500 E. Brow	ard Blvd	 		
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	Mailin	g address of e: MAY BE	limited liab	-	
	Suite 2400		Suite 2400				
	Fort Lauderdale, FL 33394	_	Fort Lauderd	lale, FL	33394		
	11/30/2012		L120001501	02			
i.	Date of tiling/registration in Florida	- 4.	Doct	ument nun	nber		
i. (a)	Michael E. O'Connor						
. (-/	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:				
	111 SE 12TH STREET						
	Registered Office Address (MUST BE FLORIDA STREET)	<u> 1DDRESS</u>					
	Fort Lauderdale FL	33316			 <u></u>		
(b)	William C. Morro					7 0	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ado	ress:			7 007 20	77
	500 E. Broward Blvd					0 PM	FILED
	NEW Registered Office Address:				F(0)	_	نب. ا
	Suite 2400				RIDA RIDA	: 52	
	Fort Lauderdale	33394					
	, †!/						

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 605, 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.

Signature of Registered Agent