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PICK-UP	☐ WAIT	MAIL		
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N. Cuttiguen JUL 15 2015

COVER'LETTER

TO:	Registration Section Division of Corporations				
SUBJE	DOUGLASBOGUEPB, LLC				
	Name of Limited Liability Company				
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.		
Please 1	return all correspondence concerning the	s matter to the	following:		
Dougl	as Bogue				
	Name of Person				
Dougl	asBoguePB, LLC				
	Firm/Company				
26 Ta	Il Oaks Circle		<u></u>		
	Address				
Teque	esta, FL 33469				
	City/State and Zip Code				
dbsjt@	②comcast.net				
E-	-mail address: (to be used for future ann	ual report notif	ication)		
For fur	ther information concerning this matter,	please call:			
Dougl	as Bogue	561	3087112		
	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	Re Di P.G	gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314		
Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$:	55 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.

1. No	ame of the limited liability company:	OGUEPB, LLC			
2. (a)	Douglas Bogue	(b) Dougla	(b) Douglas Bogue		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	26 Tall Oaks Circle	26 Tall	Oaks Circle		
	Tequesta, FL 33469	Teque	sta, FL 33469		
	06/07/2013	L13000	082904		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Bogue, Douglas				
	Registered Agent and Registered Office shown on the records of		ate:		
	Registered Office Address (MUST BE FLORIDA STREET) 965 Marlin Drive	ADDRESS)			
	Jupiter	_33458			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	JIL 14 PH 2:		
	NEW Registered Office Address:		- 33		
	26 Tall Oaks Circle		_		
	Tequesta , FI	_33469			
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered offi iability company, it of the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.		
Signa	ature of a member or anthorized representative of a member		Printed or typed name of signee		
provis the ob- to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in this ca e performance of m ed for in Chapter 6 hereby confirm tha	spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been		
Signatu	ire of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00