Division of Corporations Electronic Filing Cover Sheet

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(((H160001512583)))



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Email Address:

LLC REGISTERED AGENT CHANGE BLUEPEARL REAL ESTATE, LLC

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Y SULKER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY H16000157258 3

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.	Na	me of the limited liability company: BLUEPEARLRE	ALES"	LECTA	LC				
2. (a)		(2)					
(··/ .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	· /	Ma	alling address o (<u>Note: MAY B</u>	of limited liab	ility con	ipany:
		2950BUSCHLAKEBLVD		2950	BUSC	HLAKEBLV	/D		
		TAMPA,FL33614	TAMPA,FL33614						
		11/18/2013		L1300	016227	6			
3.		Date of filing/registration in Florida	4,		Γ	ocument nu	ımber		
5. ((a)								
	,	Registered Agent and Registered Office shown on the records of the SHAW, DARRYL	he Floric	la D e pt. c	of State:				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 2950BUSCHLAKEBLVD							
		TAMPA, FL. , FL	33614						
(b) ,	Enter name of NEW Registered Agent and/or NEW Registered (CTCorporation System					ALLAHAS	16 JUN	
		NEW Registered Office Address:					AS	. ≥	4.5
	1200SouthPineIslandRoad						 E SS ≥		
		Plantation , FL	33324				OF STAIL S FLORID	AM II: 07	
the cager was the a	cha it w we artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the organization or the operating agreement of the	the reg bility c f the lit limited	istered ompany nited lit liability	office a y, it is l ability o y comp	and the busing nereby confinences company or any.	eby confirm ness office rmed that t	ned that of the he char	registered
Signature of a member or authorized representative of a member						rinted or typed	I name of sign	nee	
I he prov the c to m notij CT	reh Asto Bli ere Go	y accept the appointment as registered agent and agree on so of all standes relative to the proper and complete in gations of my position as registered agent as provided by reflect a change in the registered affice address. I have a first an appoint the change of this change. The of Registered Agent	perforn 1 för in Ereby o Emrich	nance o Chaptè confirm	s eanar	ity I furthe	r agree to	comph	with the nd accept eing filed is heen

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE; \$25,00

By: