

L14000150805

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 25 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Horseshoe Research Group 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:

Harvey K Cohen

Name of Person

Greycliff Advisory Group LLC

Firm/Company

9348 Via Elegant

Address

Wellington FL 33411

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harvey K Cohen

Name of Person

at (561) 429 2030

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2017

HARVEY K COHEN
9348 VIA ELEGANT
WELLINGTON, FL 33411

SUBJECT: BLUE HORSESHOE RESEARCH GROUP, LLC
Ref. Number: L14000150805

FILED
2017 MAY 22 AM 11:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for BLUE HORSESHOE RESEARCH GROUP, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris
Regulatory Specialist II

Letter Number: 317A00009314

Please find corrections as requested.

Thank you

CEP
2017 MAY 22 PM 1:07
TALLAHASSEE, FLORIDA

**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.

Blue Horseshoe Research Group LLC

1. Name of the limited liability company: Blue Horseshoe Group LLC (a) Bliu Horseshoe Research Group LLC (b)

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

9348 Via Elegante

Wellington FL 33411

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

9348 Via Elegante

Wellington FL 33411

09/26/2014

L14000150805

3. Date of filing/registration in Florida 4. Document number

United States Corporation Agents inc

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 Winding Oak Court

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

A

Tampa, FL 36312

- (b) Harvey K Cohen

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Harvey K Cohen

NEW Registered Office Address:

9348 Via Elegante

Wellington, FL 33411

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.

Harvey K Cohen

Signature of a member or authorized representative of a member

Harvey K Cohen

Printed or typed name of signee

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.

Harvey K Cohen

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
2017 MAY 22 AM 11:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA