

L150000 83022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

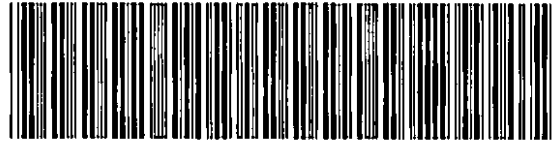
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2020

MARC BELL
6800 BROKEN SOUND PKWY NW STE 200
BOCA RATON, FL 33487

SUBJECT: BLUES BROTHERS CROSS COUNTRY LLC
Ref. Number: L15000083022

We have received your document for BLUES BROTHERS CROSS COUNTRY 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):

The form you submitted is for a PROFIT CORP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

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) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 220A00006936

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bluen Brothers Cross Country 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:

Marc Bell
Name of Person

Bluen Brothers Cross Country LLC
Firm/Company

6800 Broken Sound Pkwy NW Ste 200
Address

Boca Raton FL 33487
City/State and Zip Code

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

For further information concerning this matter, please call:

Kendra Busby at (561) 988-1718
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 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. Name of the limited liability company: Binea Brothers Cross Country LLC
2. (a) 6800 Broken Sound Pkwy NW (b) 6800 Broken Sound Pkwy NW
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- Suite 200 Suite 200
Boca Raton FL 33487 Boca Raton FL 33487
3. 5/11/2015 4. L15000083022
Date of filing/registration in Florida Document number
5. (a) Jo-Jean Figueira, Esq.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
6800 Broken Sound Pkwy NW
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 200
Boca Raton, FL 33487
- (b) Marc Bell
Enter name of NEW Registered Agent and/or NEW Registered Office address:
6800 Broken Sound pkwy NW
NEW Registered Office Address:
Suite 200
Boca Raton, FL 33487

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PM 4:52

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

Marc Bell

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.

[Signature]
Signature of Registered Agent