

L15000096257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

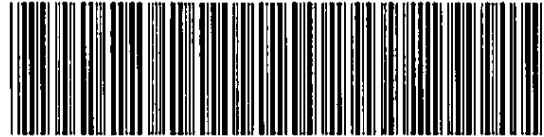
(Business Entity Name)

(Document Number)

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17 NOV -6 PM 12:39

DEPT. OF STATE
TALLAHASSEE, FL 32304

S. WARREN

NOV 07 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2017

ASHLEY WALLS
3003 E AVERY STREET
PENSACOLA, FL 32503

SUBJECT: BLUE SYNERGY MEDIA, LLC
Ref. Number: L15000096257

We have received your document for BLUE SYNERGY MEDIA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 417A00021351

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Synergy Media
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:

Ashley Walls
Name of Person

Blue Synergy Media
Firm/Company

3003 E Avery ST
Address

Pensacola FL 32503
City/State and Zip Code

ARW Visions@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Walls at (850) 316-5133
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

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

**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: Blue Synergy Media, LLC

2. (a) 3003 E Avery St (b) _____

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Pensacola FL 32503

06/02/2015

L15000096257

3. Date of filing/registration in Florida

4. Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.

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 33612

(b) Ashley R Walls

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

3003 E Avery St

NEW Registered Office Address:

Pensacola, FL 32503

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 of a member or authorized representative of a member

Ashley R Walls

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 of Registered Agent

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

FILING FEE: \$25.00

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17 NOV -6 PM 12:39
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