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WAIT	MAIL				
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Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

•	TO: Registration Section Division of Corporations						
	SUBJECT: BLUE RIVIERE 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:						
	VANESSA MORANDAIS ELUTHEN Name of Person	3					
	BLUE RIVIERE LLC Firm/Company						
	7341 SW 163rd Ct Address						
	Miami, Florida, 33193 City/State and Zip Code						
	4424 fro 40 @ amcul. com E-may address: (to be used for future annual report notification)						
	For further information concerning this matter, please call:						
	Vanessa MORANDAIS ELITHER (305) 680 2822 Name of Person Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS:	MAILING ADDRESS:					
	Registration Section	Registration Section					
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327					
	2661 Executive Center Circle	Tallahassee, Florida 32314					
	Tallahassee, Florida 32301						

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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. Na	me of the limited liability company: BLUE RI	VIERE LI	LC	·	
	7341 Swi 163 rd Ct Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 7341 Sw 163 rd Ct Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Miami, FL, 33193	Mia	mi, FL, 331	193	_
3.	06/14/2016 Date of filing/registration in Florida		6000 11 48 4	46	
	ELUTHER Vanexa Registered Agent and Registered Office shown on the records of the		_		
	A 900 N. Bayshore Drive U. Registered Office Address MUST BE FLORIDA STREET A	nit 1A (DDRESS)	_	17 J	
	Suite 107 Miami, FL	33132.	_	JAN 24	
(b)	ELUTHER Vanetsa Enter name of NEW Registered Agent and/or NEW Registered		-	17 JAN 24 AM 8: 20	
	7341 SW 163 rd Ct NEW Registered Office Address:			*	
	Miami FL	33193			
the cha agent w was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the perating agreement of the	the registered office bility company, it for the limited liability continuited liability	te and the business office is hereby confirmed that ty company or as otherwine mpany.	ce of the registered t the change(s) wise provided in	
Signa	ture of a member or authorized representative of a member	NAINE XX	4 ELUTHER Printed or typed name of s	ignee	2412
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change	ee to act in this cap performance of my I for in Chapter 60 vereby confirm that	pacity. I further agree to duties, and I am familion 5, F.S. Or, if this docum the limited liability com	o comply with the ar with and accep nent is being filed npany has been	e ot I
Signatu	re of Registered Agent				