L17000146494

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special Instructions to Filing Officer:					





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07/27/18--01012--033 ++100.00



EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
Blue Spring LLC					
Nam	e of Limited	Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ice Change a	and fee(s) are submitted for filing.			
Please return all correspondence concerning thi	is matter to t	he following:			
Eti Reitzer					
Name of Person					
Blue Spring LLC			* & 		
Firm/Company			ار الم		
120 Hombre Cir				;	
Address	<u>, </u>		8: 24	•	
Panama City beach, FL 32407			2		
City/State and Zip Code					
eti@shinuibuild.com					
E-mail address: (to be used for future ann	nual report n	otification)			
For further information concerning this matter,	please call:				
Eti Reitzer	8 50 at (7085523)			
Name of Person	<u> </u>	Area Code & Daytime Teleph	one 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	_	1 \$55 Filing Fee & Certified Copy			

1NHS18 (2/14)

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.

Jar	Blue Spring L ne of the limited liability company:	.LC					
	120 Hombre Cir	(b	120 Horr	ibre Cir		.	
a) <u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Panama City Beach, FL 32407	("	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Panama City Beach, FL 32407				
	07/19/2018		L1700014	6494			
i)	Date of filing/registration in Florida Barron & Redding	4.		Document number	٠		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 220 McKenzie Ave.			::	}- !-	18 J	
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS</u>	<u></u>		par	JUL 24	
	Panama City FI	32401				œ œ	
)	Andrew Bales				_ ***	57	
	Enter name of NEW Registered Agent and/or NEW Registered 120 Hombre Cir NEW Registered Office Address:						
	Panama City Beach	32407	-				
ha t w we rti	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members eles of organization or the operating agreement of the	f the regi iability co of the lin e limited	stered office ompany, it is nited liability	and the business offs shereby confirmed the y company or as other apany.	fice of the hat the clerwise pr	ie register hange(s)	
	ure of a pumber authorized representative of a member by accept the appointment as registered agent and agons of all standers relative to the proper and complete igations of my position as registered agent as providing reflect archange in the registered office address, I	ree to ac e perforn ed for in	t in this cape nance of my o Chapter 605	Printed or typed name of acity. I further agreeduties, and I am family, F.S. Or, if this doctobe limited liability.	e to com	nly with the tand according fil- has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00