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COVER LETTER

TO: Registration Section Division of Corporations						
Corvus Blue Communications SUBJECT:						
	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 i	matter to the following:					
Beverly Wall						
Name of Person						
Corvus Blue Communications						
Firm/Company						
P.O. Box 18048						
Address						
Panama City Beach, FL 32417						
City/State and Zip Code						
bwall640@gmail.com						
E-mail address: (to be used for future annua	l report notification)					
For further information concerning this matter, pl	lease call:					
Beverly Wall	678 977-6635					
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					

INHS18 (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

1. Na	une of the limited liability company: Corvus Blue Co	ommur	nications	
2. (a)	127 Park Pl, Panama City Beach, FL 32413	(b)	P.O. Box 18048, PCB, FL	_ 32417
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (**)	Mailing address of limited (Note: MAY BE POST	
	07/20/2017	- <u>l</u>	L17000155408	
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	e Florida I	Dept. of State:	
	127 Park Pl, Panama City Beach, FL 32413			
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	1	
				6
				- E T
	FL			2 2 2
(b)				1LEI 129
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	dress:	의 (P) 보 (P)
	Beverly Wall			
	NEW Registered Office Address:			
	127 Park Place			
	Panama City Beach FL 3	32413		
the cha agent vivas/we was/we the arti -Signa I here provisi the obl to merce notified	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cless of organization or the operating agreement of the liability of a member of the appointment as registered agent and agree on a life statutes relative to the proper and complete paigntions of any position as registered agent as provided in the registered office address. The first of this change.	ne regist oility cor the limi mited li Bevo e to act erforma for in C	stered office and the business of impany, it is hereby confirmed to ited liability company or as other iability company. Perly Wall Printed or typed name of this capacity. I further agree unce of my duties, and I am fam. Chapter 605, F.S. Or, if this doc	fice of the registered hat the change(s) erwise provided in of signee to comply with the filiar with and accept tument is being filed.