L1700

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

- ''				
+maı!	Address:			

LLC REGISTERED AGENT CHANGE BLUEZONE OF LAKE COUNTY, LLC

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Help

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. N	ame of the limited liability company: Bluezon	e of lake	county, Ilc			
2. (a)		(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)			
	08/30/17		7000185984			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)						
	Registered Agent and Registered Office shown on the records	, of State:				
		112 Olympus Dr				
	Registered Office Address (MUST BE FLORIDA STREE	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Ocoee	_{FL} 34761	2021 SEP 28			
	Registered Agents Inc.		Z8			
(h)	Enter name of NEW Registered Agent and/or NEW Register	<u></u>				
	7901 4th St N	AH IO: 1				
	NEW Registered Office Address:		7			
	STE 300	,				
	St. Petersburg	_{FL} 33702				
the chagent was/w	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the companion of the operating agreement of the companion of the operating agreement of the companion of the operating agreement o	of the registere Hiability compars of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in			
	Ribery Park.	Riley P				
_	ature of a member or authorized representative of a member		Printed or typed name of signee			
provi: the ob to me notifi	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as proving rely reflect a change in the registered office address, and it writing of this change. Bill Havre - Assisti	ete performance ded for in Chai	of my duties, and I am familiar with and acceptorer 605, F.S. Or, if this document is being filed m that the limited liability company has been			
<u> </u>	ture of Registered Agent	an Jecletaly				