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K. SALY FEB 2 6 2018



TO: Registration Section Division of Corporations							
SUBJECT: BLUE & GOLD ASSET GROUP  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:							
DONALD J Wehrenberg							
Name of Person  BLUE & GOLD ASSET GROUP LLC  Firm/Company							
22 A VIA DE LUNA DRIVE Address							
Pensacola BEACH FZ 32561 City/State and Zip Code							
DONALD WEHRENDERG @ GMAIL . COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:							
Name of Person at (850) 341-9509  Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301  Englosed is a check for the following amount:							

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

## 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

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1. Name	of the limited liability company: _	BLUE &	GOLD	ASSET	GROUP	
2. (a)	Principal office address of limited liab		Mailin	g address of limited e: MAY BE POST		<del></del>
Re	gistered Agent and Registered Office shows	Florida 4.  ehrenber n on the records of the Flori	Doct	7000	2451	_ <u>0</u> 3
	Pensaco LA  ter name of NEW Registered Agent and/or	, FL	32561		18 FEB 26 PM 2 UT SECRETARY OF STATE TALLAHASSEE, FLORID	FILED
- NI	ensacola Be	ACH FL	DRIVE 3256/		Þ	
the change agent will was/were the article	ted liability company is not organize or changes are made, the Florida se of changes are made, the Florida se identical. Or, in the case of a Flauthorized by an affirmative vote of sof organization or the operating at of a member or authorized representative of	treet address of the reg orida limited liability of the members of the ligreement of the limited	cistered office and company, it is here mited liability company	the business offi by confirmed the pany or as other	ce of the register at the change(s) wise provided in	ered
	accept the appointment as registered of all statutes relative to the propertions of my position as registered a reflect a change in the registered of writing of this change.  Registered Agent	d agent and agree to a r and complete perfor gent as provided for in fice address, I hereby		I further agree i, and I am famil Or, if this docu mited liability co	l.	ı

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

INHS18 (2/14)