## 118000119449

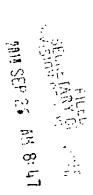
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
CC	•
PERMISSION GIVEN TO CORRECT ACCES  DOCUMENT BY DAT SONE OF THIS DATE  10/1/18 14	5
Office Use Only	



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N. CAUSSEAUX OCT 1 - 2018

## **COVER LETTER**

Division of Corporations								
SUBJECT: Blue Gulf Marine Name of Limited Liability Company								
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:								
Dalam Dala C								
Darlewe Destafeno Name of Person								
Blue Galf Marine LLC Firm/Company								
Firm/Company								
15202 2								
15303 Briarcrest car								
1.00.000								
Fort Myers Fl 33917 City/State and Zip Code								
City/State and Zip Code								
Show shall had a part								
Share shell had so yahan com E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
•								
Darlene Destatence at (239) 980.8246								
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								
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	ame of the limited liability company: _ 13 loe (	اںو	F 1	Mar	1112_	
2. (a)	15303 Braiciest Cir Cort Myeis El 33917		ъ 15:	<del>303</del>	Brianciest ar	Fort Miers of 359
` '	Principal office address of limited liability company:	_ `	· · · · · · ·		Mailing address of limited	<del></del>
	(Note: MUST BE STREET ADDRESS)				(Note: MAY BE POST	<u>r office box</u> )
		_				
		-				
	5-14-18		1	1800	0119449	
3.	Date of filing/registration in Florida	4.		102	Document number	<del></del>
5 (a)	DAVID Yanosik					
J. (a)	Registered Agent and Registered Office shown on the records of the	e Florid	la Dent.	of State	!	
			о ор.,	0. 5	•	当代的
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u></u>			· 養養
	15303 Briggenst cir		<b></b>			图 强力
	,					23 3年
	Fort myers ,FL	337	17			
4.	0-1 210					g ·
(b)	Enter name of NEW Registered Agent and/or NEW Registered C					
	Enter matte of MEW Registered Agent and/or NEW Registered C	mice ac	<u>iaress</u> :			<b>-</b>
Д	deross consimina the	e				
1.1	NEW Registered Office Address:	oai	me			
	_ ,					
	, FL_					
If the li	mited liability company is not organized under the laws	of the	State	of Flo	rida, it is hereby conf	firmed that after
me chai	nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab	ne regi	stered	office	and the husiness offi	ice of the registered
WAS/WC	te apulorized by an allimative vote of the members of	the lim	nted li	ability	COMPANY OF SC Other	rwise provided in
uie ai iic	cles of organization or the operating agreement of the li	mited .	liabilit ( √	y comp	pany.	100
Signati	ure of a member or authorized representative of a member		<u> </u>	171	Printed or typed name of	205/1
I horoh	vaccent the appointment as reciptored agent and amount	e to ac	t in thi		72	
provisió he obli	ons of all statutes relative to the proper and complete per	erform	ance o	f my d	uties, and I am famil	iar with and accept
to merei	y uccept the appointment at registered agent and agree ms of all statutes relative to the proper and complete po gations of my position as registered agent as provided j by reflect a change in the registered office address, I he in writing of this change.	reby c	onfirm	that th	he limited liability co	ment is being filea mpany has been
: )^	land Calabara					
Signature	of Registered Agent					