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(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:									





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10/24/19--01005--011 ++25.00

Rt Change

COVER LETTER

_	sion of Corporations			
SUBJECT:	BluZero Aquaculture, LLC			
SUBJECT.		e of Limited	d Liability Company	
Dear Sir or 1	Madam:			
The enclosed	d Registered Agent/Registered Offi	ice Change a	and fee(s) are submitted for filing.	
Please return	rall correspondence concerning th	is matter to	the following:	
Brad Ston	er			
	Name of Person			
BluZero A	quaculture, LLC			
	Firm/Company	•		
612 Spen	cer Dr			
	Address			
Fort Walto	on Beach, FL/32547			ਭ
	City/State and Zip Code			60° 24
bzaquacu	lture@yahoo.com			ar Si
E-mail address: (to be used for future annual report notification)				
For further i	nformation concerning this matter.	please call:		50
Brad Ston	er	850	368-7335	
	Name of Person		Area Code & Daytime Telephone Number	
Reg Div Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ion Building 1 Executive Center Circle lahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enc	closed is a check for the following	amount:		
2 1 \$	25 Filing Fee		1 \$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. Nam	ne of the limited liability company: Bluz	BluZero Aquaculture, LLC						
2. (a) <u>6</u>	612 Spancar Dr			(b) 612 Spencer Dr				
- . () _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	Fort Walton Beach, FL			Fort Walton Beach, FL				
-	32547			32547			· · ·	
	12/24/2018		1	_1800029	2918			
3.	Date of filing/registration in Flor	ida	4.		Document number			
_	Registered Agent and Registered Office shown on Brennen Bourque Registered Office Address (MUST BE FLORIS 1000 Crosswinds Landing APT G	DA <u>STREET AD</u>						
-	Fort Walton Beach		2547			 (13)	 . 71	
(b) _						9		
(0) <u> </u>	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered O	ffice add	ress:		<u> </u>	÷ ;	
	Brad Stoner					P.K.		
	NEW Registered Office Address:					7: 59		
	612 Spencer Dr					9		
	Fort Walton Beach		2547				•	

Brennen Bourque Printed or typed name of signee Signature of a member or authorized representative of a member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent