

L19000069311

(11)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

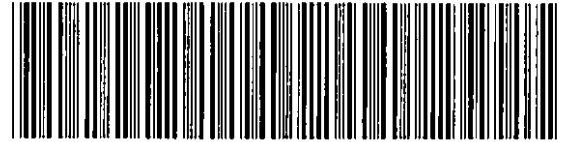
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600436967356

09/24/24--01016--007 **25.00

2024 SEP 24 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

Cayo Blue, LLC

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 matter to the following:

Jeffrey Rivera

Name of Person

Cayo Blue, LLC

Firm/Company

2079 E. Osceola PKWY

Address

Kissimmee, Fl 34743

City/State and Zip Code

Jeffrivera@riverajeff.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:


Jeffrey Rivera 321 624-9949

Name of Person at () Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

 \$25 shipping fee

☐ \$55 Filing Fee & Certified Copy

**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.

Cayo Blue, LLC

1. Name of the limited liability company: _____
2079 E. Osceola PKWY Kissimmee, FL 34743 2079 E. Osceola PKWY , Kissimmee FL 34743
2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

03/12/2019

~~19000069311~~ **L19000069311**

3. _____ Date of filing/registration in Florida 4. _____ Document number

Leonel Cancel

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Leonel Cancel

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
2079 E. Osceola Pkwy

Kissimmee 34743
_____, FL _____

- (b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

Jeffrey Rivera

NEW Registered Office Address:
2079 E. Osceola Pkwy

Kissimmee 34743
_____, FL _____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jeffrey Rivera

Signature of a member or authorized representative of a member

Printed or typed name of signee

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

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00**