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AUG 2 8 2019 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Blue Legacy Capita LL(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:				
Manny Blye Name of Person				
Blue Legacy Capital CLC Firm/Company				
S337 N. Socrum Loup Rd # 347 Address				
La Kelind, Fl 33809 City/State and Zip Code				
Manny Blue in Fu & Gmail Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Marm Blue at 407, 433-8310				
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
☑ \$25 Filing Fcc	☐ \$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.

i.	Name of the limited liability company:	Capital LLC
2 () 17/8 Hood Path Auburndah F133827(b)	Same
۷. (د	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida 4.	_ /9000/5/17() Document number
5. (
	Registered Agent and Registered Office shown on the records of the Florida Dep	t, of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	19 AUG 2
	Aubumdale ,FL 3382	3 38 7 7
(l		
(,	Enter name of NEW Registered Agent and/or NEW Registered Office address	AUG 21 AH GE 12 LANASSEE, FLORIDA
	NEW Registered Office Address:	
	5337 N. Socrum Loop Rd#	347
	Lakeland ,FL 3380	9
the cagen was/	limited liability company is not organized under the laws of the Stathange or changes are made, the Florida street address of the registere will be identical. Or, in the case of a Florida limited liability compawere authorized by an affirmative vote of the members of the limited rticles of organization or the operating agreement of the limited liabil	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	MIS	Manny Blue
	nature of a member or authorized representative of a member	Prifited or typed name of signee
prov the o to m	weby accept the appointment as registered agent and agree to act in the sions of all statutes relative to the proper and complete performance bligations of my position as registered agent as provided for in Chap wrely reflect a change in the registered office address, I hereby confirmed in writing of this change.	his capacity. I further agree to comply with the cof my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed on that the limited liability company has been