## L19000214243

(Re	equestor's Name)				
(Ad	(dress)				
(Ad	idress)	<del></del>			
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Do	ocument Number)				
	pies Certificates of Status				
Special Instructions to	Filing Officer:				
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Office Use Only



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## COVER LETTER

TO:

¥25 Filing Pee

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: Change of Resistered Asents Address Name of Limited Liability Company	z 2=
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:	
Symes A. Brayne TR  Name of Person  Caribbean Blue Construction and Remod  Firm/Company	Seling
Firm/Company	J
1990 Ambassador DRIVE	
Address	<b>₩</b>
Oulf Bretze PL 32563 City/State and Zip Code	130
City/State and Zio Code	on State
E-mail address: (to be used for future annual report notification)	OF STATE
For further information concerning this matter, please call:	NS.
James Bayne at (850), 307 - 2311 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	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314	
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	

 $\square$  \$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.

1. Name of the limited liability company: (aribbeo	ns	Blue	Construct	tion o	nd Remad
2. (a) 1990 Ambassador Orive	(b)	100	Ambasa		<del>-</del>
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	•	Maitir	ng address of limit	ted liability c	ompany:
641f B4EZ, FL 32563		,	ne: MAY BE PO	<u>SI OFFICE</u>	<u>(80x)</u> 25 6 6
but site in the said		emi i	vecre.	<u></u>	2236
	-		·		
Sept 24 2019		219	00021	424	7
5ept 24 2019 3. Date of filing/registration in Florida 4	<b>-</b>		umont number	<del></del>	
5. (a) James Bayne					
Registered Agent and Registered Office shown on the records of the FI					
1990 Ambassador Dr	~jv-	<u> </u>			
Registered Office Address (MUST BE FLORIDA STREET ADDR	RESS)				
buit Breeze			•		<u></u>
, FL	<u> </u>	563		<u>.</u>	\$ 500 500 500 500 500 500 500 500 500 500
(b) change of address of	A Moran	ANEN	ve to	OVIF	
Enter name of NEW Registered Agent and/or NEW Registered Offic	e addri	155:		ō	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
1000		_		7	
1990 Ambassador	$O^{\dagger}$	7.00		<del></del>	STA STA
NEW Registered Office Address:				Ġ.	, <u>5</u>
- well					S
	32	563			
	Toba Co		in to 1 or 1	<i>c</i>	2
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the reason will be identical. On in the page 150 Florida the change in the page 150 Florida the page 150 Flori	registe	red office and	the business of	ffice of the	registered
agent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the	: limite	d liability con	many or as oth	that the ch erwise pro	ange(s) wided in
the articles of organization or the operating agreement of the limit	ted liah	pility company	e M	2	0
Signature of a member or authorized representative of a member		Print	S M. C	of signee	
Thereby accept the appointment as registered agent and agree to	. Act in	this apparis	I Guidi au a au		1
provisions of all statutes relative to the proper and complete perfo the obligations of my position as registered agent as provided for to merely reflect a change in the registered office address. I hereb notified in writing of this change	in Che	e oj my aun <b>e</b> s ipter 605, F.S. irm that the lii	. ana 1 am jam Or. if this do nited lighilin:	uiar with Cument is t	and accept being filed bas been
notified in writing of this change.  Signature of Registered Agent			our mentingly by	,отрану п	Ge Desti
Signature of Registered Agent					

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