- 2 \*

## L20000132950

(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:						
Unils						





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## **COVER LETTER**

•
ited Liability Company
ge and fee(s) are submitted for filing.
to the following:
<del></del>
t notification)
all:
7 270-0683
Area Code & Daytime Telephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
:
□ \$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.

l. Na	ame of the limited liability company:  BLUE ELEGANC	E LLC			
2. (a)	2850 34TH ST N		(b)	2850 34T	H ST N
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(~)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#1069			#1069	
	ST PETERSBURG, FL 33713	_		ST PETER	RSBURG, FL 33713
	MAY 18. 2020		ι	.20000132	950
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)	BLUE ELEGANCE LLC				
- ()	Registered Agent and Registered Office shown on the records of	the Flo	rida	Dept. of Sta	te:
	1700 66TH ST N				-
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRI	ESS)		
	STE 104				20
	ST PETERSBURG , FL	33710	)		2023 DEC
(b)	REGISTERED AGENTS, INC				
	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:	22
	7901 4TH ST N				—————————————————————————————————————
	NEW Registered Office Address:	·			7
	STE 300				_
	ST PETERSBURG , FL	33702	2		_
the cha agent v was/we the arti Signal I herei provisi the ohl to mere notified	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like the authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member of a member of all statutes relative to the proper and complete igations of my position as registered agent as provided in writing of this change.	the reability of the limite	egist cor limi ed li ONI	ered office apany, it ted liability con D BOOKE	re and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.  R  Printed or typed name of signee  pacity. I further agree to comply with the
arid Se	David Roberts - Assistant Se	ecretar	у		

Signature of Registered Agent