120000151544

| (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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| Carliertia | | | | |

Office Use Only



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D CUSHING

COVER LETTER

| TO: | Registration Section Division of Corporations | • | * * * * * * * * * * * * * * * * * * * | | | | |
|---------------------|---|----------------------|---|-----------|------|--|--|
| SHRI | BLUE EDONIS LLC | | • | | | | |
| 190101 | Name of Limited Liability Company | | | | | | |
| Dear ! | Sir or Madam: | | | | | | |
| The e | nclosed Registered Agent/Registered | d Office Change an | nd fee(s) are submitted for filing. | | | | |
| Pleaso | return all correspondence concerni | ng this matter to th | e following: | | | | |
| Jose I. | uis Valderrama Requena | | | | | | |
| | Name of Person | | | | | | |
| BLUE | EDONIS LLC | | | | | | |
| | Firm/Company | | | | | | |
| 250 NI | E 25th, St. apt 1002 | | | 2 | | | |
| - | Address | | | 21 FEB 17 | | | |
| Miami | , FL, 33137 | | | 77 P | :- | | |
| | City/State and Zip Co | ode | | PM 12: 43 | | | |
| info@blueedonis.com | | | | 5.4 | 13.6 | | |
| | E-mail address: (to be used for future | annual report not | fication) | | , | | |
| For fu | rther information concerning this ma | itter, please call: | | | | | |
| Jose Li | uis Valderrama | 305 at (| 3306217 | | | | |
| | Name of Person | | Area Code & Daytime Telephone Numl | ber | | | |
| | Mailing Address: | | Street Address: | | | | |
| | Registration Section | | Registration Section | | | | |
| | Division of Corporations | | Division of Corporations | | | | |
| | P.O. Box 6327 | | The Centre of Tallahassee | | | | |
| | Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| | Enclosed is a check for the follow | ving amount: | | | | | |
| | ■ \$25 Filing Fee | <u> </u> | S55 Filing Fee & Certified Copy | | | | |

INHS18 (2/14)



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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2021

JOSE LUIS VALDERRAMA REQUEANA BLUE EDONIS LLC 250 NE 25TH ST., APT 1002 MIAMI, FL 33137

SUBJECT: BLUE EDONIS LLC Ref. Number: L20000151544

We have received your document for BLUE EDONIS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to submit the actual application for this registered agent change. You just sent the cover letter and check.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00001551

Diane Cushing Senior Section Administrator

www.sunbiz.org

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOF LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubmits 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:BLUE_EDONIS | |
|--|---|
| 2. (a) 250 NE 25th St. (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | 250 NE 25th ST Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| Apt. 1002 | PT. 1002 |
| | IAMI FL 33137 |
| | |
| 06/03/2020 L | 20000151544 |
| 3. Date of filing/registration in Florida 4. | Document number |
| 5. (a) JOSE LUIS VALDERRAMA | |
| Registered Agent and Registered Office shown on the records of the Florida Dept | of State: |
| _ 6039 COLLINS AVE , APT 433 | <u> </u> |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | 21 |
| MIAMI BEACH | |
| FL 33141 | 2 |
| TOCE LOS MAIS FORMA | - 19 |
| (b) JOSE LUIS VALDERRAMA Enter name of NEW Registered Agent and/or NEW Registered Office address: | PHI2: 43 |
| the fall of the state of the st | 1 AAE - 13 AE |
| 250 NE 25th ST | ₩. |
| NEW Registered Office Address: | |
| APT 1002 | |
| 41414 | |
| MIAMI , FL 33137 | |
| If the limited liability company is not organized under the laws of the State change or changes are made, the Florida street address of the registered of agent will be identical. Or, in the case of a Florida limited liability company was/were authorized by an affirmative vote of the members of the limited the articles of organization or the operating agreement of the limited liability. | fice and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. |
| 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 the provisions of all statutes relative to the proper and complete performance the obligations of my position as registered agent as provided for in Chapt to merely reflect a chapge in the registered office address. I hereby confirmatified in writing of this change. Signature of Registered Agent | is capacity. I further agree to comply with the of my duties, and I am lamiliar with and accept |