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12/19/24--01021--012 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blue Ocean Tust To Name of Limited Lia	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the fo	ollowing:
John Annunziata Name of Person	
Blue Ocean Turf + Recreation Firm/Company	n ul
1225 ARterra Ct. Address	_
Royal Palen Beach, Fl 33411 City/State and Zip Code	
John Chlycccean-turfCom E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
John Annuriziata at (56) Name of Person) 827-9599 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:	

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

1 T 2 3

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: Blue Q	rean Turt of Recreation UC
2. (a) 1225 Autorra Ct	(b) 2225 Arterra Ct
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Royal Palm Beach	Royal Palm Beach
Hozida 33411	rlorida, 33411
2/16/2021	L21000078758
3. Date of filing/registration in Florida	4. Document number
5. (a) Thomas Bowan	
Registered Agent and Registered Office shown on the records of	f the Florida Dept. of State:
2225 Auterra Ct.	20
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)
Royal Palm beach	ADDRESS)
Florida 33411 F	53
	<u> </u>
(b) John Annunziata	· · ·
Enter name of NEW Registered Agent and/or NEW Registere	d Office address:
NEW Registered Office Address:	
2225 Altrepa Ct.	
LCCS MATTRICE CT.	
Royal Palmi Beach . F	1 33411
If the limited liability company is not organized under the la change or changes are made, the Florida street address of the	was of the State of Florida, it is hereby confirmed that after the
agent will be identical. Or, in the case of a Florida limited li	iability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the	e limited liability company or as otherwise provided in
ton Comment	Managivia Meniver Printed or typed name of signee
(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 ag provisions of all statutes relative to the proper and complete	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent as provide to merely reflect a change in the registered office address. I	performance of my duties, and I am Jamiliar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
nolified in writing of this change.	
Signature of Registered Agent/	
0	