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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

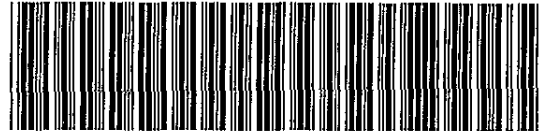
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03 SEP - 2 AM 10:16

FILED



August 28, 2003

Penny J. Farr
404-504-5468
pjf@mmmlaw.com
www.mmmlaw.com

Florida Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, Florida 32399

Re: Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for Blue Cloud, LLC

Dear Sir/Madam:

Enclosed is the above listed entity's Statement of Change of Registered Office or Registered Agent as well as our firm's check in the amount of \$25.00. Please file the Statement and return a copy of the filed Statement to my attention. Please call me if you have questions.

Very truly yours,

MORRIS, MANNING & MARTIN, LLP

A handwritten signature in cursive script that reads 'Penny J. Farr'.

Penny J. Farr
Paralegal

Enclosures

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Blue Cloud, LLC
2. The mailing address of the limited liability company is : 1043 E. Mack Bayou Drive
Santa Rosa Beach, Florida

November 13, 2002

M02000002985

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

Flynn Morris

Name

21 N. Spooky Lane

Florida street address (P.O. Box NOT acceptable)

Santa Rosa Beach, FL 32459

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X [Signature]
(Signature of a member or authorized representative of a member)

Flynn Morris

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

X [Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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