

MO40W003099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

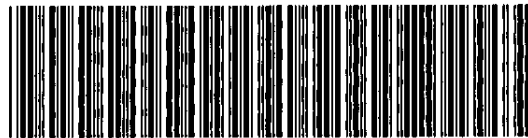
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JUL 21 2011

EXAMINER



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DIVISION OF CORPORATIONS

11 JUL 21 PM 1:15



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 852103 7841750

AUTHORIZATION

*[Handwritten signature]*

COST LIMIT : \$ 25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUL 21 PM 1:15

ORDER DATE : July 20, 2011

ORDER TIME : 2:41 PM

ORDER NO. : 852103-005

CUSTOMER NO: 7841750

CHANGE OF AGENT

NAME: THE BLUE RIVER GROUP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS: \_\_\_\_\_

**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. Name of the limited liability company: THE BLUE RIVER GROUP, LLC

2. (a) Principal office address of limited liability company: 360 Interstate North Pkwy SE  
Suite 375  
Atlanta, GA 30339

(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 360 Interstate North Pkwy SE  
Suite 375  
Atlanta, GA 30339

(Note: **MAY BE POST OFFICE BOX**)

08/02/2004

M04000003099

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Agents And Corporations Inc.

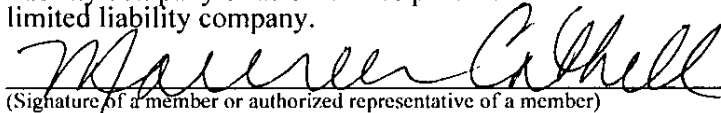
Registered Office Address: 300 Fifth Avenue South  
Suite 101-330  
Naples, FL 34102

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Corporation Service Company


**NEW** Registered Office Address: 1201 Hays Street  
**(MUST BE FLORIDA STREET ADDRESS)** Tallahassee, FL 32301

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.

  
(Signature of a member or authorized representative of a member)

Maureen Cathell, Authorized Person  
(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.*

By:   
(Signature of Registered Agent)

Corporation Service Company Sylvia Queppet, Assistant Vice President

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

**FILING FEE: \$25.00**

FILED  
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