Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FC4000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.

Email Address:___

LLC REGISTERED AGENT CHANGE BLUE ORIGIN, LLC

Certificate of Status	0
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Estimated Charge	\$55.00

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Help

From: James Tank

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 ugent, or both, in the State of Florida

1 87	ame of the limited liability company:		BLUE ORIGIN, LLC
		(1-)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	
	21218 76th Ave S		21218 76th Ave S
	Kent, WA 98032		Kent, WA 98032
	05/07/2014		M14000003126
3.	Date of filing/registration in Florida	4.	Document number/
5. (a)	CORPORATION SERVICE COMPANY		N. S.
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS)	in m
	1201 HAYS STREET		
	TALLAHASSEE , FE	32301-2525	
(b)	C T Corporation System		; 6
	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	
	NEW Registered Office Address:		<u> </u>
	1200 South Pine Island Road		
	Plantation	33324	
the chagent was/withe ar	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited leaver authorized by an affirmative vote of the members ticles of organization or the operating agreement of the nature of a member or authorized representative of a member elby accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address.	of the registered control of the limited liability of the limited liability Paul Daub	if it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Printed or typed name of signee

By: Denise Bell, Assistant Secretary
Signature of Registered Agent

notified in writing of this change.

To: 18506176383

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