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(Re	equestor's Name)					
(Address)						
(Address)						
(Cir	ty/State/Zip/Phon	e #)				
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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SECRETARY OF STATE

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## COVER LETTER

TO: Registration Section Division of Corporations	
SAILBLUE, LLC	
SUBJECT:	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Regi	stered Office Change and fee(s) are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
ALFONSO BORRERO	
Name of Pe	rson
SLB HOTEL GROUP, LLC	
Firm/Comp	any
1869 VISTA ROYALE BLVD	
Address	
ORLANDO, FL 32835	
City/State and 2	Cip Code
borrero407@icloud.com	
E-mail address: (to be used for	future annual report notification)
For further information concerning t	his matter, please call:
AL BORRERO	407 252-2896
Name of Person	at () Area Code & Daytime Telephone Number
STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327
Enclosed is a check for the	following amount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

## 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.

Nar	ne of the limited liability company:	E, LLC			
	1869 VISTA ROYALE BLVD	(b) _	1869 VISTA ROYALE BLVD		
.Ψ) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  ORLANDO, FL 32835		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  ORLANDO, FL 32835		
	MARCH 22, 2016	 M	16000002399		
(a)	Date of filing/registration in Florida ALFONSO BORRERO	4.	Document	number	
` '	Registered Agent and Registered Office shown on the recor 7675 WEST IRLO BRONSON HIGHWA		ept. of State:		
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)			
	KISSIMMEE	34747 _, FL		16 MAR 29 SECRETAR TALLAHASS	
o) _	Enter name of NEW Registered Agent and/or NEW Regis	stered Office addre	<u> </u>	PH I2:	
	NEW Registered Office Address:			31 RIDA	
	ORLANDO	32835 . FL			
char it w /wei	mited liability company is not organized under the resulting or changes are made, the Florida street addrestill be identical. Or, in the case of a Florida limit re authorized by an affirmative vote of the members of organization or the operating agreement of a member or authorized representative of a member	ess of the registe ted liability com bers of the limite of the limited lia	red office and the bupany, it is hereby coned liability company bility company.  DNSO BORRERO	ssiness office of the registe infirmed that the change(s) or as otherwise provided in	
reb visio obli vere fied	by accept the appointment as registered agent and sof all statutes relative to the proper and compations of my position as registered agent as property reflect a change in the registered office address in writing of this change.	d agree to act in plete performan ovided for in Ch ess, I hereby con	this capacity. I fur ce of my duties, and apter 605, F.S. Or, i firm that the limited	ther agree to comply with t I am familiar with and acc if this document is being fil liability company has been	