

To:

Page: 1 of 3

2024-07-25 08:51:35 UTC+14

8506176383

From: ZenBusiness User

7/24/24, 2:48 PM

Division of Corporations

Florida Department of State

M240000250895382

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000250895 3))



H240002508953ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : 120230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

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

Email Address: _____

LLC REGISTERED AGENT CHANGE
WILD BLUE YONDER PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

JUL 25 2024

COVER LETTER

TO: Registration Section ((H24000250895 3))
Division of Corporations

SUBJECT: Wild Blue Yonder Properties LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tierra W

Name of Person

Zenbusiness Inc

Firm/Company

5511 Parkcrest drive Ste 103

Address

Austin, TX 78731

City/State and Zip Code

ra@zenbusiness.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Tierra W

844

493-6249

at

1

Name of Person

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:

☒ \$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

1. Name of the limited liability company: <u>Wild Blue Yonder Properties LLC</u>	
2. (a) <u>875 STEFFY LN BURNET, TX 75611</u>	(b) <u>602 8TH STREET, NEW ORLEANS, LA 70115</u>
Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>)	Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>)
3. <u>06/25/2024</u>	4. <u>312400000382</u>
Date of filing/registration in Florida	Document number
5. (a) <u>ZENBUSINESS INC, FL</u>	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>336 E COLLEGE AVE, STE 301</u>	
Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	
 <u>TALLAHASSEE</u> , <u>FL</u> <u>32301</u>	
(b) <u>ZENBUSINESS INC</u>	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
 <u>336 E COLLEGE AVE, STE 301</u>	
<u>NEW Registered Office Address:</u>	
 <u>TALLAHASSEE</u> , <u>FL</u> <u>32301</u>	

FILED
2024 JUL 24 AM 11:34
STATE OF FLORIDA

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.

S/ Dillon Launius

Dillon Launius

Signature of a member or authorized representative of a member

Printed or typed name of signer

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 605, 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.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00