P08000012521

(Re	equestor's Name)	100 11 100
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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R.A. Change

TR 11-101.XC/

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: SOLID BLUE, INC. (Name of Co	orporation)			
	•			
DOCUMENT NUMBER: <u>P08000012521</u>				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
, ·	•			
CARLOS	S TEJADA			
CARLOS TEJADA (Name of Contact Person)				
SOLID BLUE INC				
SOLID BLUE, INC. (Firm/Company)				
11402 MALLORY SQUARE DRIVE APT. 203				
(Address)				
TAMPA, FL 33635				
TAMPA, FL 33635 (City/State and Zip Code)				
For further information concerning this matter, please c	all:			
CARLOS TEJADA (Name of Contact Person)	at (<u>813</u>) <u>479-5206</u> (Area Code & Daytime Telephone Number)			
·	(1104, 0040 00 24) ; 010р			
Enclosed is a \$35.00 check made payable to the Departs	ment of State.			
Mailing Address:	Street Address:			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee FL 32301			

. TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: SOLID BLUE, INC	
2. The principal office address: 7604 HAMPSHIRE GARDEN PLACE	
APOLLO BEACH, FL. 33572	
3. The mailing address (if different): 11402 MALLORY SQUARE DRIVE APT. 203	
TAMPA, FL 33635	
4. Date of incorporation/qualification: <u>02/01/2008</u> Document number: <u>P08000012521</u>	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
KARIM J. HUDTWALCKER	
7604 HAMPSHIRE GARDEN PLACE	
APOLLO BEACH, FL. 33572	=
APOLLO BEACH, FL. 33572 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	, ה
CARLOS TEJADA	
11402 MALLORY SQUARE DRIVE APT. 203	
(P.O. Box NOT acceptable)	
TAMPA, FL 33635	
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.	•
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
(Signature of an officer or director) (Printed or typed name and title)	
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 performant of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	e is e
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *