## P09000010103

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	#)
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJE	Name of Corporation
	Name of Corporation
DOCU	MENT NUMBER: POS 000010103
The end	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	MARIA ALFANO Name of Contact Person
	Name of Contact Person
	BLUESKY SOLAL LLC Firm/Company
	Firm/Company
	GOF COLLIBRATION AVE
	GO 7 COLEBRATION ANE Address
	CULUBRATION JEL 34747  City/State and Zip Code
	City/State and Zip Code
	. maria alfano @ blue skysolar.com
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Name of Contact Person at ( 407 ) 227 3673  Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclose	ed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Blue Sky Solar Line.
2. The principal office address: 691 Front Street, Suite 210  Celebration, FL B4747-
3. The mailing address (if different): Same
5. The maining address (if different).
4. Date of incorporation/qualification: 2/2/09 Document number: Pogoooo 10103
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)
LEWIS HOLIVER, III
20751 NewBY ST
ONLANDO, FL 32833
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MARIA ALFAPO
Blue sty SOLAR, LLC, 607 Celebration Ave
Blue sky Solth, LLC, 607 Celebration Ave P.O. Box NOT acceptable Celebration, FL 34747
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.
MHUMM Bree A-Carlson
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 obligation of my position as registered agent. Or, if this 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.
Marie A. ayano 1/13/11
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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