

P120000068647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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RA
Change

07/29/13--01015--013 **35.00

FILED
2013 JUL 29 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
7/30/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Blue Sky Patriot, Inc.
Name of Corporation

DOCUMENT NUMBER: P12000068647

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:

Vernessa Neu
Name of Contact Person
Blue Sky Patriot
Firm/Company
5909 Egret Landing Place
Address
Lithia FL 33547
City/State and Zip Code
VERNESSA NEU @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VERNESSA NEU at (813) 643-1610
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed 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 Patriot Inc.
2. The principal office address: 5909 Egret Landing Place
Lithia FL 33547
3. The mailing address (if different): 5668 Fishhawk Crossing Blvd #78
Lithia FL 33547
4. Date of incorporation/qualification: 8/8/2012 Document number: P12000068647
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)

NRAI SERVICES INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CHARLES NEU
5909 Egret Landing Place
P.O. Box NOT acceptable
Lithia FL 33547

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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.

Vernessa Neu
Signature of an officer or director

VERNESSA NEU, PRESIDENT
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 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.

x Charles Neu
Signature of Registered Agent

x 26 JUL 2013
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)