

P13000009862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

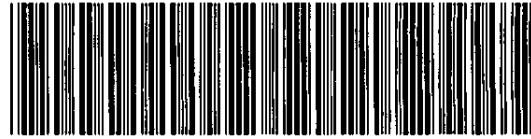
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA/Rodch8
@ 9.12.14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Blue Monster Consulting, Inc.

Name of Corporation

DOCUMENT NUMBER: P13000009862

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:

Richard Thomas

Name of Contact Person

Firm/Company

4613 N University Dr #621

Address

Coral Springs, FL 33067

City/State and Zip Code

bluemonster010@gmail.com

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

For further information concerning this matter, please call:

Mary Moreno

Name of Contact Person

at (954) 646-9854

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2014

RICHARD THOMAS
4613 N. UNIVERSITY DR. #621
CORAL SPRINGS, FL 33067

SUBJECT: BLUE MONSTER CONSULTING, INC.
Ref. Number: P13000009862

We have received your document for BLUE MONSTER CONSULTING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 014A00017955

RECEIVED
14 SEP 12 AM 11:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Blue Monster Consulting, Inc.
2. The principal office address: 4613 N University Dr #621
Coral Springs, FL 33067
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/01/2013 Document number: P13000009862
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)

American Safety Council, Inc.

5125 Adamson St, Ste 500
Orlando, FL 32804

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

Solution Advisors, Inc.

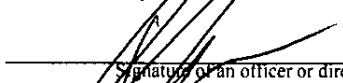
304 Indian Trace #438

P.O. Box NOT acceptable

Weston, FL 33326

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

Richard Thomas

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.



Signature of Registered Agent

02/01/14

Date

If signing on behalf of an entity:

Mary C Moreno

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)