P17000038264

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M. W. W.

COVER LETTER

TO:

Amendment Section Division of Corporations

RELIE REAND CONSULTING INC		
SUBJECT: BLUE BRAND CONSULTING, INC Name of Corporation	·	
DOCUMENT NUMBER: P17000038264		
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
BRIAN L. BAKER, CPA		
Name of Contact Person		
BRIAN L. BAKER, CPA. P.A.		
Firm/Company		
1900 GLADES ROAD, SUITE 356		
Address		
BOCA RATON, FL 33446		
City/State and Zip Code		
BRIAN@BLBCPA.COM		
E-mail address: (to be used for future annua	I report notification)	
For further information concerning this matter, p	please call:	
JONATHAN DYER	at (561) 713-7390 Area Code & Daytime Telephone Number	
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	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

2E045 (04/13)

Tallahassee, FL 32314

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this page is submitted for a corporation organized under the laws of the State of FLORIDA	
	ler to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: BLUE BRAND CONSULTING, INC.	
2. The principa	al office address: 607 18TH AVE N., LAKE WORTH, FL 33460	
	address (if different):	
4. Date of inco	rporation/qualification: 4/27/2017 Document number: P17000038264	
5. The name ar	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	UNITED STATES CORPORATION AGENTS, INC.	
	5575 S. SEMORAN BLVD., SUITE 36	
	ORLANDO, FL 32822	
6. The name ar (if changed)	nd street address of the new registered agent (if changed) and /or registered office	
	BRIAN L. BAKER, CPA, P.A.	2021
	1900 GLADES ROAD, SUITE 356	7021 Jáli 140
	P.O. Box NOT acceptable	44
	BOCA RATON, FL 33431	
The street add as changed wi	ress of its registered office and the street address of the business office of its registered all be identical. was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	Pien.
Such change v authorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	64
x\	JONATHAN DYER, PRESIDENT/OWNER	
Signa	pre of an otherer or director Printed or typed name and title	
I hereby accept further agree of my duties, a document is be corporation he	ol)the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete perfo and I am familiar with and accept the obligation of my position as registered agent. Of eing filed merely to reflect a change in the registered office address, I hereby confirm t as been notified in writing of this change.	rmance , if this hat the
Bu	an 2 Balla CPA 1/11/2021	
<u>\$</u>	Signature of Registered Agent Date	
f signing on b	behalf of an entity:	
IRIAN L. BAI	KER, CPA	
	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 26045 (04/13)