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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: BLUE DIAMOND REALTY INC

Name of Corporation

DOCUMENT NUMBER. P18000022205

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:

### APRIL D ROBINSON

Name of Contact Person

#### BLUE DIAMOND REALTY INC

Firm/Company

13575 58TH ST N #159

Address

#### **CLEARWATER FL 33760**

City/State and Zip Code

## april@bluediamondrealtyinc.com

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

For further information concerning this matter, please call:

Name of Contact Person

APRIL D ROBINSON

\_\_\_

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statu organized under the laws of the State of FLOI egistered agent, or both, in the State of Flori	RIDA	_	
1. The name of	the corporation: BLUE DIAMON	ND REALTY INC			
2. The principal office address: 13575 58TH ST N #235, CLEARWATER, FL 33760					
	40575 50T	LLOT N. #450 OLEADANATED E			
3. The mailing a	ddress (if different): 13575 5811	H ST N #159, CLEARWATER, F	L 33//6	·U	
4. Date of incorp	poration/qualification: 03/01/201	8 Document number: P1800002	22205		
5. The name and		red agent and registered office on file with th	ie		
	APRIL D ROBINSON				
	1604 EL TAIR TRAIL				
	CLEARWATER, FL 3376	5	SEC		
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered office	ON ARK 2/	3	
	APRIL D ROBINSON		3		
13575 58TH ST N #235 PO Box NOT acceptable  CLEARWATER, FL 33760				Л	
				<b>27</b> .	
The street addre	· · · · · · · · · · · · · · · · · · ·	reet address of the business office of its reg	istered age	nt.	
		pted by its board of directors or by an offic n notified in writing of the change.	er so		
ionell	Signature of an officer or director  APRIL D ROBINSON  Printed or typed name and title				
   Lhereby accept	the appointment as registered agen	• •	? egistered dress, I		
april	D. Rokinsin	04/24/2018		-	
If signing on be	half of an entity:				
Ту	/ped or Printed Name				

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