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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Blue Heron Investment Club Inc. Name of Corporation
DOCUMENT NUMBER: P 180000 23967
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:
Terrence Dozier Name of Contact Person
Firm/Company
906 394 Street
Address
906 394 Street Address West Palm Brach FlA 33407 City/State and Zip Code
Idozier 44 e hot mail. (om
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (561) 568 7166 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 Street Address: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

* <u>*</u>.

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

		tion organized under the laws of the State of Flor() a corregistered agent, or both, in the State of Florida.
		Heron Investment Club Inc
	if office address.	
	VA Brack Fl	· · · · · · · · · · · · · · · · · · ·
3. The mailing	address (if different): 906	39th Street
Wes	nara mlag roh	Fb 33407
4. Date of inco	rporation/qualification: 3-1	2-18 Document number: P18000 239
	nd street address of the current re artment of State: (If resigned, ent	egistered agent and registered office on file with the ter resigned)
	Lo Ann Ladoq	٨٧
	3105 Ave E	
	PINEVA Brail	4 FLA 33404
(if changed)	Terrence Dos 906 39th S	o. Box NOT acceptable South FA 33400
The street add as changed wi	ress of its registered office and t Il be identical.	the street address of the business office this registered age
Such change vauthorized by	vas authorized by resolution duly the board, or the corporation has	y adopted by its board of directors or by an officer so s been notified in writing of the change.
) o Signi	ture of an officer or director	Desir Dosi Presendent Printed or typed name and title
I hereby accept further agree performance cagent. Or, if the hereby confirmance confirmation of the performance of the performa	of the appointment as registered e to comply with the provisions of my duties, and I am familiar w his document is being filed mere n that the corporation has been	agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change.
Jenn	u Dozina	5/18/18
Š	ignature of Registered Agent	Date
If signing on t	pehalf of an entity:	
	T. 1. D. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	<u> </u>
	Typed or Printed Name	

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