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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: Blue Destiny Management, Inc. Name of Corporation
DOCUMENT NUMBER: P23000023459
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:
Christopher Alicea Name of Contact Person
Blue Destiny management, Inc. Firm/Company 14900 SW 30th Street, Unit 277734 Address
14900 SW 30th Street Unit 277734
Address
Miramar, PL 53027
Miramar, FL 33027 City/State and Zip Code CHris @ bluedestiny mg mt. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Same as above at 347 340 - 4653 Name of Contact Person 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

Amendment Section **Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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 FL
in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Blue Destiny Management, Inc.
2. The principal office address: 14900 SW 30th Street, Unit 277734 miramar, Florida 33027
3. The mailing address (if different):Same.
4. Date of incorporation/qualification: march 21,2023 Document number: P23000023459
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)
Christopher Alicea
3399 SW 142 Dd Ave.
miramar, FL 33027
6. The name and street address of the <u>new</u> registered agent (if changed) and /or registered office (if changed):
Christopher Alicea
14900 SW 30th Street Unit 277734 P.O. Box NOT acceptable
Miramar, Florida 33027
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.
Christopher A ii cea, 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.
12.6.2023
Signature of Registered Agent 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 (04/13)