L0300027058

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SECRETARY OF STATE TALLATINGSEE OF BRIDA

RD Charge

AUG 11 2014 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BLQS LLC		
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
KEN SukHWA		
Name of Person		
BL & S LLC Firm/Company		
6919 WEST BOROWARD HUB # 105 Address		
HANTATION FZ 33317		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
KEN Suk HwA at (954-) 296-0000 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)		



July 22, 2014

KEN V SUKHWA BL AND S LLC 6919 WEST BROWARD BLVD 105 PLANTATION, FL 33317 US

SUBJECT: BL&S, LLC

Ref. Number: L03000027058

We have received your document for BL&S, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Tina D Carter Regulatory Specialist

Letter Number: 414A00015719

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company: BLdS LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 6919 WEST BROWARD BLUIS # 105 PLAN THEON R 33317 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 6919 WEST BROWARD BLUIS # 105 PLAN THEON R 33317
	-1. ,
3. 5. (a)	Date of filing/registration in Florida LO30000 27058 Document number KEN V. SukhwA Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) WAN INTIAN R 333/7 FL Enter name of NEW Registered Agent and/or NEW Registered Office address:
	6919 WEST BROWARD BIND # 105 NEW Registered Office Address:
	PLANIATION ,FL 33317
he cha agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nige or changes are made, the Florida street address of the registered office and the business office of the registered illibe identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) regarding the provided by an affirmative vote of the members of the limited liability company or as otherwise provided in the state of organization of the operating agreement of the limited liability company.
I herek provisje he obli o mere	pare of a member or authorized representative of a member Printed or typed name of signee y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
Signatur	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00