## L03000043337

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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 21, 2004

ROY L. WEINFELD, ESQ. ONE SOUTHEAST THIRD AVENUE, STE. 2110 MIAMI, FL 33131

SUBJECT: BLUELIONS LLC Ref. Number: L03000043337

We have received your document for BLUELIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6890.

Jason Merrick Document Specialist

Letter Number: 504A00060517

## **COVER LETTER**

Division of Corporations		
SUBJECT: BlueLions, LLC		
(Name of	corporation)	
DOCUMENT NUMBER: L03000043337		
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Poul Weinfold For		
Roy L. Weinfeld, Esq.	contact person)	
(Timile 0)	omast person)	
Poul Mainfold P.A		
Roy L. Weinfeld, P.A.	Company)	
· ·		
One Southeast Third Avenue, Suite	2110	
	Idress)	
·	,	
Miami, Florida 33131		
(City/state	and zip code)	
For further information concerning this matter, please	and zip code)  e call: at (305) 358-9045  (Area code & daytime telephone num  artment of State.	
Roy L. Weinfeld, Esq.	at (305 ) 358-9045	
(Name of contact person)	(Area code & daytime telephone num	ber)
Enclosed is a \$35.00 check made payable to the Depa	urtment of State.	( 6 (
		22
Mailing Address:	Su cu Auuless.	<u>.</u>
Amendment Section Division of Corporations	Amendment Section Division of Corporations	r :
P.O. Box 6327	409 E. Gaines Street	C.T.
Tallahassee, FL 32314	Tallahassee, FL 32399	نان

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limi	ted liability con	npany is: Blue Lior	ns, LLC		
2. The mailing address				treet, Apt.# 8B	
New York, NY 10023					
11/5/03			L03000043337		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the regis Florida Department o		•	address as shown o	on the records of the	
		Name east Third Avenue,	Suite 2200	•	
	Miami, Flor	Address ida 33131 City, State and Z	10		
6. The name and address	s of the new reg	•	•	•	
	Roy L. Wei	nfeld, Esq.		,	
	One South	Name east Third Avenue,	Suite 2110		
	Florida stree	et address (P.O. Box	NOT acceptable)		
	Miami,	<sub>FL</sub> 3313	11		
		City, State and Zip	)	Ç.,	
If the limited liability co- confirmed that after the and the business office of liability company, it is hat the members of the limit the operating agreement	change or chang of the registered ereby confirmed ted liability com	ges are made, the Flo agent will be identiced that the change(s) values of the the change of the many or as otherwise	rida street address al. Or, in the case vas/were authorize	of the registered office of a Florida limited d by an affirmative vote of	
1/Est	me			C.	
(Signature of a member or auth	orized representative	of a member)		<b>င်</b> ရ မေး နှ	
CHRIS GEORGIA (Printed or typed name of signe	e)				
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, is address, Lhereby confir	ointment as reg ons of all statute and accept the of this document m that the limite	istered agent and ag ss relative to the prof bligations of my posi is being filed to mere ed liability company	ree to act in this ca per and complete po tion as registered c ly reflect a change has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in on the registered office in writing of this change.	
(Signature of Registered Agen)	gen.				
(/	ion of Cornora	tions PO Roy 632	7 Tallahassaa FT	32314	

**FILING FEE: \$25.00** 

INHS18(10/99)