## L05000024615

<u></u>	(Req	uestor's Na	ne)	
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PICK-UF	>	WAIT		MAIL
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Certified Copies		Certific	ates of t	Status
Special Instructions	to F	iling Officer:		
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ADBLUE FINANCIAL BROK (Name of Limite	ERAGE LLC d 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 n	natter to the following:
Max Karagoz	Market Control of the
(Name of Person)	
ADBLUE FINANCIAL BROKERAGE L	LC
(Firm/Company)	
3100 Collins Avenue #601	
(Address)	
Miami Beach, FL 33140	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Max Karagoz at (	305 673-8583
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	Turmingoog I torrow 222 LT
Enclosed is a check for the following am	ount:

☐ \$55 Filing Fee & Certified Copy

**▼**\$25 Filing Fee

## 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 limited liability company is: AL	BLUE FINANCIAL BROKERAGE LLC	•			
2. The mailing address of the limited liability comp	any is: 3100 Collins Avenue #601	· · · · · · · · ·			
Miami Beach, FL 33140					
		•			
<i>U3/10/</i> 2005	L05000024615				
3. Date of filing/registration in Florida	4. Document number				
5. The name of the registered agent and the registere Florida Department of State:	d office address as shown on the records of	of the			
AGENTS AND COR					
	me				
SUITE E, 773 4TH AVENUE NORTH Address					
NAPLES FL 34102					
City, State and Zip					
6. The name and address of the new registered agent	and/or office:	OS NOV 14			
Federal American Associ	ation of Corporations, Inc.	<b></b>			
Nam 3100 Collins Avenue #		STAT ORAT			
	O. Box NOT acceptable)	ORAFIONS			
	33140				
City, State	and Zip				
If the limited liability company is not organized unde confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the cha of the members of the limited liability company or a or the operating agreement of the limited liability con	the Florida street address of the registered identical. Or, in the case of a Florida liminge(s) was/were authorized by an affirmation of the case of a Florida liminge(s) was/were authorized by an affirmation of the case of	d office nited tive vote			
(Signature of a member of authorized representative of a member)	<del></del>				
Max Karagoz V (Printed or typed name of signee)					
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree to act in this capacity. I furthe he proper and complete performance of n my position as registered agent as provide to merely reflect a change in the registere mpany has been notified in writing of this	r agree to ny duties, ed for in ed office change.			
(Signature of Registered Agent)					
Division of Corporations, P.O. B	ox 6327, Tallahassee, FL 32314				

FILING FEE: \$25.00