09000106892

(Requestor's Name)		
(Address)		
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(Address)		
(Cit	ty/State/Zip/Phone #	‡)
PICK-UP	WAIT	MAIL
(D)	·	<u>, , , , , , , , , , , , , , , , , , , </u>
(Bu	isiness Entity Name	;)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
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Special Instructions to	Filing Officer:	
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T. CLINE NOV - 9 2010 EXAMINE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Blue Fire gifts l Name o	LLC. of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concernir	ng this matter to the following:	
Jorge DE LA Torre Name of Person		
Blue five Gifts LLE. Firm/Company		
1200 Broad Street W.	B301.	
LEhigh Acres. Floriba City/State and Zip Code	33936.	
Blue Five qifts @ q Mail. C E-mail address: (to be used for future annual repo	OW, Ort notification)	聖 () 売 点
For further information concerning this ma	atter, please call:	
JORGE DE LA TOUVE Name of Person	at (305) 316-7293. 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 follow	wing amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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. Name of the limited liability company: Blue fix	regiffs LLC.
2. (a) Principal office address of limited liability compan	y: 14424 SW.107th TERR.
(Note: MUST BE STREET ADDRESS)	MIAMI F). 33186.
(b) Mailing address of limited liability company:	1200 Broad St. W. B 30
(Note: MAY BE POST OFFICE BOX)	Lehigh Acres FloriDA. 3393
11-06-2009	L09000106892
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	JORGE DE LA TORRE
Registered Office Address:	14424 SW. 107th terr. Miam; FloridA=1631166.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	Jorge DE LA TOVVE 1200 Broad SERU. 13301 LEHIGH ACYCS FL 33936.
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating-agreement of the limited liability company	lorida street address of the registered office
Jorge DE LA Torre	
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or- if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature/of Registered Agent/	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00