

L11000032660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

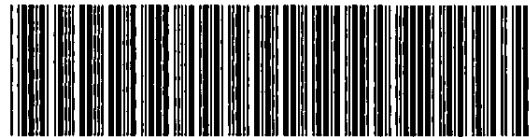
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

W

J. BRYAN

SEP 21 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Blue Furniture Solutions, 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:

**CHANGE OF  
PHYSICAL ADDRESS**

LIGATA GONZALEZ  
Name of Person

Blue Furniture Solutions, LLC  
Firm/Company

10900 NW 97<sup>th</sup> STREET, STE 102  
Address

MIAMI, FL 33178  
City/State and Zip Code

liggiag@bluefurnitureolutions.com  
E-mail address: (to be used for future annual report notification)

**FILED**  
2009 SEP 20 PM 4:06  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

Evelyn Ravelo at ( 305 ) 428-2078  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2012

LIGGDA GONZALEZ  
BLUE FURNITURE SOLUTIONS, LLC  
10900 NW 97TH STREET, STE 102  
MIAMI, FL 33178

SUBJECT: BLUE FURNITURE SOLUTIONS, LLC  
Ref. Number: L11000032660

FILED  
SEP 20 PM 4:06  
TALLAHASSEE, FLORIDA

We have received your document for BLUE FURNITURE SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 812A00022637

**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 FURNITURE Solutions, LLC
2. (a) Principal office address of limited liability company: 10900 NW 97<sup>th</sup> STREET

(Note: **MUST BE STREET ADDRESS**)

Suite 102  
MIAMI, FL 33178

- (b) Mailing address of limited liability company: SAME

(Note: **MAY BE POST OFFICE BOX**)

3/17/2011

3. Date of filing/registration in Florida

4. Document number

L11000032660

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Yingqing Zeng

Registered Office Address:

7355 SW 89<sup>th</sup> ST.  
Apt 503N  
MIAMI FL 33156

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

SAME (YINGQING ZENG)

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

10900 NW 97<sup>th</sup> STREET  
Suite 102  
MIAMI, FL 33178

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Yingqing Zeng

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company 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

FILED  
SEP 20 PM 4:18  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS