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· COVER LETTER

Division of Corporations					
SUBJECT: Blue White Light, LLC					
	e of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
llena Alvarez					
Name of Person					
I.A. Law, PA					
Firm/Company					
12555 Orange Drive, Suite 4069					
Address	· · · · · · · · · · · · · · · · · · ·				
Davie, FL 33330					
City/State and Zip Code					
ilena@ialawpa.com					
E-mail address: (to be used for future annu	ual report notification)				
For further information concerning this matter,	please call:				
Ilena Alvarez	954 399-0749				
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)					

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.

	me of the limited liability company: 6278 N Federal Highway		6278 N Endoral Highway PMR 302		
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ــــــــــــــــــــــــــــــــــــــ	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Fort Lauderdale, FL 33308		Fort Laud	derdale, FL 33308	
	5/07/2012		L1200006	1467	
	Date of filing/registration in Florida	4.		Document number	
(a)	Alan B. Cohn				
(a)	Registered Agent and Registered Office shown on the records	of the Flor	ida Dept. of State	:	
	Registered Office Address (MUST BE FLORIDA STREET 100 W Cypress Creek Road, Suite 700	ET ADDRE	<u>(22)</u>	1 5 DE SECRE TALLEAH	
	Fort Lauderdale	, _{FL} 33309		25-4 C	
(b)	I.A. Law, PA Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	red Office	address.	22 AM ARY OF SSEEL FI	
	Enter hame of NEW Registered Agent and of NEW Register	rea Office :	address.	AH 8: 38	
	NEW Registered Office Address:				
	12555 Orange Drive, Suite 4069				
	Davie,	_{FL} 3333	0		
cha ent w s/we	imited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited at the case of the member authorized by an affirmative vote of the member cles of organization or the operating agreement of the case of the member of the operating agreement of the case of the member of the operating agreement of the case of	of the reg I liability rs of the li	gistered office company, it is imited liability	and the business office of the registe hereby confirmed that the change(s) company or as otherwise provided in	
. ,	Mena Mone	lle	ena Alvarez		
ion	ure of a member or authorized representative of a member			Printed or typed name of signee	

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 605, 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 ymiting of this change.

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