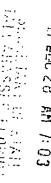
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Office Use Only



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COVER LETTER

	Registration Section Division of Corporations					
SUBJE(CT: BLUEIFY LLC					
30DJE.		Name of Limited Liability Company				
Dear Sir	or Madam:					
The ene	losed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning th	is matter to the	following:			
AJWA	NI, VIVEK S					
	Name of Person					
Blueify	LLC					
	Firm/Company		_			
92 SW	/ 3rd St. #4611					
	Address					
Miami,	FL 33130					
	City/State and Zip Code					
vivek.a	ajwani@gmail.com					
E-mail address: (to be used for future annual report notification)						
For furth	her information concerning this matter,	please call:				
AJWAI	NI, VIVEK S	305	, 8967700			
	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	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassec, Florida 32314			
	Enclosed is a check for the following amount:					
	2 \$25 Filing Fee	□ \$5	5 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 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.

1. Na	ame of the limited liability company: Blueify LLC		
2. (a)	AJWANI, VIVEK S	(b) AJWA	NI, VIVEK S
-, (m)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	92 SW 3rd St. #4611	92 SW	/ 3rd St. #4611
	Miami, FL 33130	Miami,	, FL 33130
	03/31/2014	31/2014 L140000	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	AJWANI, VIVEK S		
5. (a)	Registered Agent and Registered Office shown on the records of	tate:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 14 NE FIRST AVE, 2ND FLOOR		- 17 1741.
	Miami , FI	33132	
(b)	AJWANI, VIVEK S		28 # \$\$55
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		AM 7:
			7: 0 3 Siari Lordo
	NEW Registered Office Address:		
	92 SW 3rd St. #4611		_
	Miami . FI.	33136	
the cha agent v was/we the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered offi ability company, it of the limited liabil	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obi to mer	hy accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ree to act in this co performance of m d for in Chapter 6 hereby confirm tho	apacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Signatu	irc of Registered Agent		