| (Re                                     | equestor's Name)   |           |
|---|--------------------|-----------|
| (Ad                                     | ldress)            |           |
| (Ac                                     | ldress)            |           |
| (Cit                                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                                 | ☐ WAIT             | MAIL      |
| (Ви                                     | ısiness Entity Nan | ne)       |
| (Do                                     | ocument Number)    |           |
| Certified Copies                        | _ Certificates     | of Status |
| Special Instructions to Filing Officer: |                    |           |
|   |                    |           |
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Office Use Only



03/22/16--01003--027 \*\*25.00

MAR 22 2016 S. YOUNG



## **COVER LETTER**

\$25 Filing Fee

INHS18 (2/14)

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: BLUE STAR PRADING 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:  |
| SK. ARUJ WARSHI  Name of Person  |
| Firm/Company 12265 PENDER CREEK CIR, APT# H Address  |
| FAIRFAX, VA, 22033 City/State and Zip Code Warshi BF (a) Gmail. Com.   |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| SK. ARUI WARSHZ at (703) 944 5114  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  Enclosed is a check for the following amount:  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

☐ \$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 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. BLUE STAR TRADING Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 3. Document number Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 14 NE FIRST AUENUE (MUST BE FLORIDA STREET ADDRESS) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: 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. Printed or typed name of signee Signature of a member or authorized representative of a member 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 writing of this change. 4adav Signature of Registered Agent