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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	ECT:							
Name of Limited Liability Company								
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Of	Tice Change and fee(s) are submitted for filing.						
Please	return all correspondence concerning the	his matter to the following:						
Larry	Och							
	Name of Person							
Blue	Shine LLC							
	Firm/Company							
800 I	ndus Road							
	Address	A47						
Venic	ce, FL 34293							
	City/State and Zip Code							
larryo	och@yahoo.com							
F	E-mail address: (to be used for future and	nual report notification)						
For fu	rther information concerning this matter	, please call:						
larry (Och	941 565 ~ 4681						
-	Name of Person	Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS:	MAILING ADDRESS:						
	Registration Section	Registration Section						
	Division of Corporations	Division of Corporations						
	Clifton Building	P.O. Box 6327						
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314						
	Enclosed is a check for the following	g 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.

1. Na	ame of the limited liability company:	.C					
2. (a)	800 Indus Road	(b)					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Venice, FI 34293	_ (b)	Ma	iling address (Note: MAY I		•	
	2-26-2019	-	10000055	250	· · · · · · · · · · · · · · · · · · ·	-	
3.	Date of filing/registration in Florida	- 4.	.19000055				
	Larry OCH	4.	ע	ocument nu	umber		
5. (a)	Registered Agent and Registered Office shown on the records of t	ha Florida	Dant of States				
	800 Indus Road	ne rioriga	Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS					
	Venice,				***		
		24000			7.T. 7.E.E.	19	
	, FL	34293			7 = 7:][فرق
(b)	LI-NA SU				155	<u>'</u>	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		W.	220	m
	800 Indus Road				5 [A] S [A]	AH IO: 33	Ü
	NEW Registered Office Address:	• .			>	లు	
	Venice, FI						
	FI :	34293					
agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of clessof organization or the operating agreement of the law inge of a member or authorized representative of a member	the regist bility confithe the limited li	ered office a npany, it is he ted liability cability compa	nd the businereby confi company or	ness officitined that as other	ce of t it the o wise p	the registered change(s)
provisi the obl to mere	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	ee to act performa I for in C eereby co	in this capaci nce of my du hapter 605, F nfirm that the	ity. I furthe ties, and I a S. Or, if t Imited lia	er agree l am famili his docu ability col	o con ar wii ment i mpan	aply with the th and accept is being filed v has been
Lin	45U						
Signatu	re of Registered Agent						