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EXAMINER

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SEORE JARY OF STATE
TALLAHASSEE, FLORIDA



National Registered Agents, Inc. 11600 College Boulevard Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

January 29, 2008

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: BLS Advisors LLC

Change of Registered Office and Registered Agent

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned BLS Advisors LLC, please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent accompanied by our check in the amount of Amount of \$25.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Amy Purdy

National Registered Agents, Inc.

Enclosure - Check

No. 2831 P. 1

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: BLS ADVISORS LLC (Name of L	imited Liability Company)	_	
Dear Sir or Madam:	,		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for	r filing.	
Please return all correspondence concerning	this matter to the following:		
Amy Purdy (Name of Person)		•	
National Registered Agents, Inc (Firm/Company)			
11600 College Blvd, Ste 210 (Address)			
Overland Park, KS 66210 (City/State and Zip Code)		·	
For further information concerning this matter	er, please call:		
Amy Purdy	at (913) 754-0637		
(Name of Person)	(Area Code & Daytime Tel		
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	2008 FEB -4 PH 1 SECRETARY OF S	
Enclosed is a check for the following	ig amount:	PH 4: 49 OF STATE S.FLORIO!	
√\\$25 Filing Fee	S55 Filing Fee & Certified C	opv	

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.	,
The name of the limited liability company is: BLS ADVISORS LLC	
2. The mailing address of the limited liability company is:	
72 HAMBURG TURNPIKE, UNIT #8 RIVERDALE NJ 07457	
01/30/2007 M07000000579	
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	
LICENSE AND COMPLIANCE RESOURCE I, LLC	
Name	
245 GRAY STREET	
Address	
WEST PALM BEACH FL 33405 US City, State and Zip	
6. The name and address of the new registered agent and/or office:	
NRAI Services, Inc.	
Name Sc 2	
2731 Executive Park Drive, Suite 4	
Name 2731 Executive Park Drive, Suite 4 Florida street address (P.O. Box NOT acceptable)	MT.
Weston FL 33331	í
City Seeps and Zin	7
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)	
Barchara Steinberg (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 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. NRAI Services Inc.	,
(Signature of Registered Agent) Amy Purdy, Assistant Secretary	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00