M13000004229

(Requestor's Name)								
(Address)								
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(123,333)								
(O) (O) (O) (O)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
,								
Codification of Change								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Divi	sion of Corporations							
SUBJECT:	BlueShore Capital, LLC							
SOBSECT.	Name of Limited Liability Company							
Dear Sir or I	Madam:							
The enclosed	d Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.					
Please return	all correspondence concerning th	is matter to the fo	ollowing:					
Stephanie	Hirsch							
	Name of Person		_					
Satz Law	Group LLC							
	Firm/Company		_					
230 Passa	aic Avenue, 1st Floor							
	Address	,	_					
Fairfield N	J 07004							
	City/State and Zip Code							
shirsch@s	satzlawgroup.com							
E-mail	address: (to be used for future ann	iual report notific	ration)					
For further i	nformation concerning this matter,	please call:						
Stephanie	Hirsch	973	439-0300					
	Name of Person		Area Code & Daytime Telephone Number					
Regi Divi Clift 2661	istration Section sion of Corporations ton Building Executive Center Circle ahassee, Florida 32301	Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314					
Enc	losed is a check for the following	amount:						
₩ \$	25 Filing Fee	\$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.

1.	Na	me of the limited liability company: BlueShore Ca	apital,	Ц	.C	· · · · · · · · · · · · · · · · · · ·			
2.	(a)	BlueShore Capital, LLC	(ъ)					
		Principal office address of limited liability company:	`	(-)		failing address of limited			
		(Note: MUST BE STREET ADDRESS)				(Note: MAY BE POST		<u>BOX</u>)	
		2202 N. West Shore Blvd, Ste 200			same as	principal address	<u> </u>		
		Tampa, FL 33607							-
		7/1/2013		N	/1300000	04229			
3.		Date of filing/registration in Florida	4.			Document number			
5.	(a)	BlueShore Capital, LLC							
	(-)	Registered Agent and Registered Office shown on the records of	the Flori	da I	Dept. of State	:			
		Harsha Gowda					E SE	17	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			•	E CR	S		
		4830 West Kennedy Blvd, Ste 600					HASS	SEP SEP	1
		Tampa	33609	•			SECRETARY OF ALLAHASSEE,	20	E
	(b)	BlueShore Capital, LLC					1013 2178	₹	O
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			•	AGE H	<u></u>		
		Harsha Gowda							
		NEW Registered Office Address:							
		2202 N. West Shore Blvd, Ste 200			······································	-			
		Tampa .FI	3360	7					
the age	cha ent v	imited liability company is not organized under the launge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited limited limited by an affirmative vote of the members cles of organization on the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and aging tons of all statutes relative to the proper and complete igations of my position as registered agent as provide the profess of my position as registered agent as provide the profess of my position as registered agent as provided by reflect a change in the registered office address, I did not writing of this change.	f the reginability of the limited	gist con imi i li ars	tered office mpany, it is ted liability ability com sha Gowo	e and the business of shereby confirmed to y company or as other apany. Ia Printed or typed name of	fice of the hat the cherwise proof signee	e regis nange(ovided	tered s) in
	/	re of Registered Agent	•						

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