P02000077909

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 8, 2009

JAMES WAUAH BLUE ROOM INTERIORS INC 1000 SOUTH POINTE DR APT 3502 MIAMI BEACH, FL 33139

SUBJECT: BLUE ROOM INTERIORS, INC.

Ref. Number: P02000077909

We have received your document for BLUE ROOM INTERIORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete city for new registered agent.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 209A00023261

2009 JUL 17 AM 8: 00

HOMERBONNER

1200 Four Seasons Tower 1441 Brickell Avenue Miami, Florida 33131

ELIZABETH LEE CRABTREE GERALD M DEL AMO LUIS E, DELGADO DOUGLAS F EATON HOWARD S GOLDFARB PETER W HOMER * MARIA ACEVEDO JARMEL *** CHRISTOPHER J. KING RAYDA MASDEU ADAM M. SHONSON GREGORY J TRASK ** ANDREW VITALI, III WILLIAM G. WOLK

July 14, 2009

R, LAWRENCE BONNER (1956 - 2007)

OF COUNSEL: RICHARD B. SALZMAN GEORGE BEFELER

TELEPHONE (305) 350-5100 TELECOPIER (305) 372-2738 E-MAIL: info@homerbonner.com WEBSITE: www.homerbonner.com

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** Also licensed in New York

SENDER'S DIRECT TELEPHONE NUMBER: (305) 350-5197 SENDER'S DIRECT FAX NUMBER: (305) 982-0083 SENDER'S DIRECT E-MAIL: deaton@homerbonner.com

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn: Tina Roberts, Regulatory Specialist II

Re: Blue Room Interiors, Inc.

Ref. No: P02000077909

Dear Ms. Roberts:

Pursuant to your request, we have added our firm's complete name and address to the Change of Registered Office and Registered Agent form. Also, Mr. James Waugh's contact number is (305) 913-7730.

Please feel free to contact Mr. Waugh or myself should there be anything additional that you may need. I thank you in advance for your courtesy in this matter.

Very truly yours,

DOUGLAS F. EATON

:cbg Encls.

Mr. James Waugh, w/encls. cc:

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: BLUE ROOM IN 75 PLANS IN (
DOCUMENT NUMBER: 7020000 77909		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Contact Person		
Name of Contract Lesson		
BLUE ROOM INTERMON INC		
Firm/Company		
1000 SW7H POINTE DRIVE APT J502		
MIAMI BEVALLE FL 33139		
City/State and Zip Code		
(AMES & SNAPORCANISATION. COM		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (705) 913 7730 Area Code & Daytime Telephone Number		
Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State ofin order to change its registered office or registered agent, or both, in the State of Florida.	<u>0</u> 4
1. The name of the corporation: BLVE ROOM INTEMOM, INC. 2. The principal office address: 1000 S POWTE DRIVE, APT 3502	
2. The principal office address: 1000 S POWTS DRIVE, APT 3502	
MIAMI BEACH FZ, 33139	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/18/02 Document number: P020000	7790
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
< COOKTOWN INTERMATIONAL LTD @	NINIO
1000 SOUTH POINTE DRIVE	
Apr 3502, MIAM, BEALLA FL 33139	1 COF
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	NECHE OF CORPUS. 2
* HOMER BONNER	28
120 FOUR SEASONS TOWER P.O. Box NOT acceptable	
1441 BRICUSU AND, FZ 33131	
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	gent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	/
× Signature of an officer or director Printed or typed name and title	
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 perform of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, is document is being filed merely to reflect a change in the registered office address, I hereby confirm that corporation has been notified in writing of this change.	iance if this it the
6/25/69	
Signature of Registered Agent Date	_ _
If signing on behalf of an entity: Doug Earon for Homer Bonner	
Typed or Printed Name	

* * * FILING FEE: \$35.00 * * *