

P11000037673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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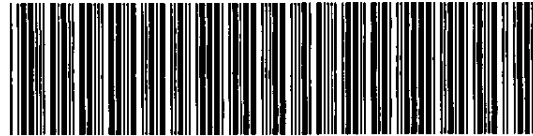
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change

'APR 10 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Blue Horizon Tek Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: 37110338000 P11 0000 37673

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:

Abby Kaiser
Name of Contact Person

Blue Horizon Tek Solutions, Inc
Firm/Company

6820 Lyons Tech Circle #215
Address

Coconut Creek, Florida
City/State and Zip Code

akaiser@ericrobert.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abby Kaiser at (212) 695-8648
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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Blue Horizon Tek Solutions, Inc.
2. The principal office address: 6820 Lyons Tech Circle #215, Coconut Creek, Fla 33073
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/10/2011 Document number: P11 0000 3 7673

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)

Business Filings Incorporated
515 E. Park Ave
Tallahassee Fla 32301

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Ellen Kessler
4020 Sheridan Street
Hollywood Fla 33021
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

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.

Abby Kaiser
Signature of an officer or director

Abby Kaiser President
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 performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

Euf
Signature of Registered Agent

4/3/12
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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