L11000 177724

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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July 15, 2016

FLAVIA FOGLI 1017 JEFFERSON AVE APT 301 MIAMI BEACH, FL 33139

SUBJECT: BLQ MIAMI, LLC Ref. Number: L11000137324

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

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of 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) 245-6051.

Letter Number: 516A00011657

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO:	Amendment Section Division of Corporations				
	Blq Miami LLC change registered agent				
SUBJ	ECT:Name of Corporation				
	L11000137324				
DOC	JMENT NUMBER:				
The e	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	Flavia Fogli				
Name of Contact Person					
	Blq Miami LLC				
Firm/Company					
	1017 Jefferson Avenue apt 301				
	Address				
	Miami Beach				
	City/State and Zip Code				
blqmiami1@gmail.com					
	E-mail address: (to be used for future annual report notification)				
	rther information concerning this matter, please call: a Fooli 786 3766777				
riavi	at (
	Name of Contact Person Area Code & Daytime Telephone Number				
Enclo	sed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Street Address: Amendment Section				
	Division of Corporations Division of Corporations				
	P.O. Box 6327 Clifton Building				
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				

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.	Nai	ne of the limited liability company: BLATION LLC	· .	
2. (a) _		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		33139 MANI BEACH - FL 33139	MININI BEACH FL	
		06/10/2016	000 137321	
3.	•	Date of filing/registration in Florida 4.	Document number	
5. (
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State	2:	
		17 for 67th Count North	-	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	Dec	
		TOX Y HAT CHER	- ලිදී ණ	
		PALT BEACH . FL 33470	JUL 25 AHASS	
(h)	MARCO SIMBON	burner of the state of the stat	
•	, ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
		345 OBAN DRIVE APT 1122	OF STATE	
		NEW Registered Office Address:	- ¹ 12 12 12 12 12 12 12 12 12 12 12 12 12	
		·	_	
		MIAMI BEDGY , FL 33 139	_	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after				
the o	cha	nge or changes are made, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited liability company, it is	e and the business office of the registered s hereby confirmed that the change(s)	
was	/we	re authorized by an affirmative vote of the members of the limited liabilit	y company or as otherwise provided in	
the	artic	les of organization or the operating agreement of the limited liability con		
- Gi	- T	TOUCH TOWN ON THE OF A MEMBER	Printed or typed name of signee	
I he provide the to motion	ereb visio obli vere fieg	y accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter 602 by reflect a change in the registered office address, I hereby confirm that yin writing of this change.	acity. I further garee to comply with the	

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