

LD7000113482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

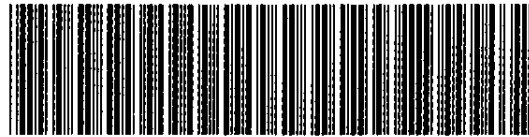
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800199490748

03/30/11--01017--020 **25.00

FILED
2011 MAR 30 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 31 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2475 BLANDING HOLDING, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSELY W. KANNER

Name of Person

2475 BLANDING HOLDING, LLC

Firm/Company

1331 HERON POINT ROAD

Address

JACKSONVILLE, FLORIDA 32223

City/State and Zip Code

rosely.kanner@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSELY W. KANNER

Name of Person

at (904)

260-5020

Area Code & Daytime Telephone Number

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

Enclosed 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 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.

1. Name of the limited liability company: 2475 BLANDING HOLDING, LLC

2. (a) Principal office address of limited liability company: 1331 HERON POINT ROAD

(Note: **MUST BE STREET ADDRESS**)

1331 HERON POINT ROAD
JACKSONVILLE, FLORIDA 32223

(b) Mailing address of limited liability company: 1331 HERON POINT ROAD

(Note: **MAY BE POST OFFICE BOX**)

1331 HERON POINT ROAD
JACKSONVILLE, FLORIDA 32223

11/08/2007
3. Date of filing/registration in Florida

L07000113482
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent:

WIENER, WILLIAM, CPA

Registered Office Address:

8286 WESTERN WAY CIRCLE
SUITE C-2
JACKSONVILLE, FLORIDA 32256-0105

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

ROSELY W. KANNER

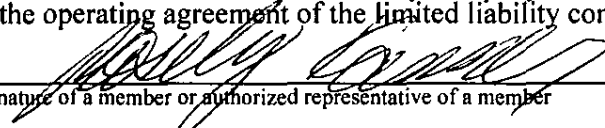
NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1331 HERON POINT ROAD

JACKSONVILLE, FL 32223

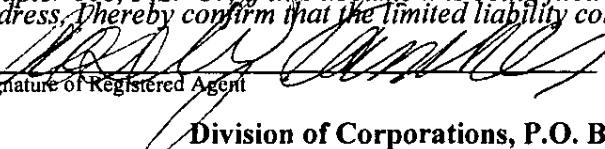
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

ROSELY W. KANNER

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 or 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.


Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
NOV 30 PM 4:07
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE