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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2019

ZENA CLARKE 6413 CONGRESS AVE SUITE 110 BOCA RATON, FL 33487

SUBJECT: B.L.A.M. ENTERPRISES, LTD.

Ref. Number: A96000001394



We have received your document for B.L.A.M. ENTERPRISES, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed, and is being returned for the following correction(s):

#4 doesn't match sunbiz.org records (see attached). Please revise application.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 219A00001784

2019 FES - 5 AH IO: 52

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: B.L.A Name of Limited Parts	M. ENTERPRISES, LT ership or Limited Liability Limited	D. Partnership	_
DOCUMENT NUMBER: A9600001394			
The enclosed Statement of Change of fee(s) are submitted for filing.	Registered Office and/or Regi	stered Agent and	
Please return all correspondence conce	rning this matter to:		
Zena Clarke			
Contact Person			
c/o Stratus Investment	s, LLC		
Firm/Company			
6413 Congress Avenue,	Suite 110	2013	
Address			- : 7
Boca Raton, Florida	33487	2019 FEB -5	
City, State and Zip Coc		<u> </u>	·
zclarke@breezerco		· >	: I
E-mail address: (to be used for future and		= =	
For further information concerning this	•	. 24	
Zena Clarke	at (954)	312-4607	
Name of Contact Person	Area Code and Daytime	: Telephone Number	-
Enclosed is a \$35.00 check made payal	ole to the Florida Department	of State.	
STREET ADDRESS:	MAILING AD	DRESS:	
Registration Section	Registration Sec		
Division of Corporations	Division of Corp		
Clifton Building	P. O. Box 6327		
2661 Executive Center Circle	Tallahassee, FL	32314	
Tallahassee, FL 32301			

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	B.L.A.M. ENTE				
Nar	ne of Limited Partnership or Lin	nited Liability L	imited Partnersl	hip	
2	7/26/96	3			
Date of filing	/registration in Florida		Florida docum	ent number	
4. The name of the reg Department of State:	gistered agent and the registered	office address as	s shown on the	records of the Florida	
	B.L.A.M. Mana	agement, Inc) .		
	Nan				
	c/o 550 S.W. 12th	Avenue, Suit	e 550		
•	Addr				
	Deerfield Beach,	Florida 334	142	2819	
•	City, State	and Zip		9 F	
5. The name and Flori	da street address of the new regi	stered agent and	Vor office:	EB - 5	
	Zena C				 **
	Nan	ne		= =	ر.
	6413 Congress Av	enue, Suite	110	11: 24	
	Florida street address (P.	O. Box not acce	ptable)		
)	Boca Raton	FL	33487		
	City, State	and Zip			
B.L. Sych change (s) is/ai	re effective when filed by the Florence .	orida Departmen	it of State.		
Signature of General P	artner Brian Street,	President	<u>-</u>		
comply with the provisi	pointment as registered agent and ions of all statutes relative to the an accept the obligations of my p	proper and con	nplete performa	I further agree to nce of my duties,	
10 10	an accept the obligations of my f	ominon as rega	ierea agent.		
Signature of Registered	d Agent				
- Samuel Control	- · · · · · · · · · · · · · · · · · · ·				
Filing Fee: Certified Copy (op	\$35.00 otional): \$52.50				