

F14000002112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

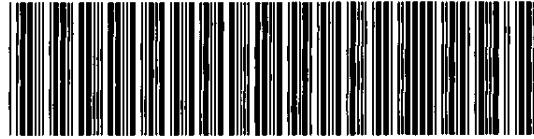
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 14 P 2:01

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JUN 14 AM 9:19

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DEPARTMENT OF REVENUE

JUN 15 2017

T. LEMIEUX

PHO

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: info@incserv.com

incserv

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 6/14/2017

PRIORITY Routine

OUR REF # (Order ID#) 580554

ORDER ENTITY
BLAZER AND FLIP FLOPS, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

BLAZER AND FLIP FLOPS, INC. (FL)

File the attached change of agent document

NOTES:

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Melissa

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

1. The name of the corporation: BLAZER AND FLIP FLOPS, INC.
2. The principal office address: 4660 LA JOLLA DR., SUITE 620, SAN DIEGO, CA 92122
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/13/2014 Document number: F14000002112
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)

NRAI SERVICES, INC

1200 S PINE ISLAND RD

PLANTATION, FL 33324

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

INCORPORATING SERVICES, LTD.

1540 GLENWAY DRIVE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

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.

DocuSigned by:

Ray Atkin

Signature of officer or director

Ray Atkin COO

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.

Melissa Stops
Signature of Registered Agent

6/14/17
Date

If signing on behalf of an entity:

MELISSA STOPS, ASSISTANT SECRETARY

Typed or Printed Name

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