L03000012079

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

Office Use Only



400199490784

03/30/11--01017--016 **25.00

DIVISION OF CORPORATION

N. Cuffigan MAR 3 1 2011

COVER LETTER

INHS18 (5/08)

то:	Registration Section Division of Corporations			
SUBJ		BLANDING BLVD, LLC		
	Name of	Limited Liability Company		
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please	e return all correspondence concerning	g this matter to the following:		
	ROSELY W. KANNER	·		
	Name of Person			
	495 BLANDING BLVD, LL	,C		
	Firm/Company			
	1331 HERON POINT ROA	<u>ND</u>		
	Address			
	JACKSONVILLE, FLORIDA 3	19993 ·		
•	City/State and Zip Code			
E	rosely.kanner@gmail.con -mail address: (to be used for future annual report	notification)		
For fi	orther information concerning this mat	tter, please call:		
	ROSELY W. KANNER	at (904) 260-5020		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section	Registration Section		
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
ş),	2661 Executive Center Circle	Tallahassee, Florida 32314		
s .	Tallahassee, Florida 32301	rattanassee, Pionida 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:	495 BLANDING BLVD, LLC			
2. (a) Principal office address of limited liability c	ompany: 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			
04/04/2003	L03000012079			
3. Date of filing/registration in Florida	4. Document number & 95			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	WIENER, WILLIAM			
Registered Office Address:	8286 WESTERN WAY CIRCLE SUITE C-2 JACKSONVILLE, FLORIDA 32256 US			
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent:	ROSELY W. KANNER			
NEW Registered Office Address:	1331 HERON POINT ROAD			
<u>(MUST BE FLORIDA STREET ADDRES</u>	JACKSONVILLE ,FL32223			
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 agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations o Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability c	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, If my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)

Signature of Registered Agen