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J. BRYAN MAY 1,0 2006

COVER LETTER

FO: Registration Section Division of Corporations		
SUBJECT: BLANK HOLDINGS, 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	g this matter to the following:	
CHARLES F. OTTO, ESQ. (Name of Person)		
STRALEY & OTTO, P.A. (Firm/Company)	OF MAY -9 PM 4: 51	
3990 SHERIDAN STREET, SUITE 109	و الم	
(Address) HOLLYWOOD, FLORIDA 33021	OF MAY -9 PM 4:51	
(City/State and Zip Code)		
For further information concerning this mat		
CHARLES F. OTTO, ESQ.	at (954) 962-7367 (Area Code & Daytime Telephone Number)	
(Name of Person) 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	ng 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. The name of the limited l	liability company is:	BLANK HOLDINGS	, LLC	·
2. The mailing address of the	ne limited liability co	mpany is : 2715 N	E 49TH STREET	·
FORT LAUDERDALE, FLORI	DA 33308			
04/08/2003		L0300	00012614	
3. Date of filing/registration in Florida		4. Do	ocument number	
5. The name of the registere Florida Department of Sta	ate:		s as shown on the rec	ords of the
JEFFREY GROSSMAN Name				
9125 NW 9TH AVENUE				€
_		Address		S VIS
FORT LAUDERDALE, FLORIDA 33311		1	NECRETARY -9	
	City,	State and Zip		了解
6. The name and address of	the new registered ag	gent and/or office:		2 300
STRALEY & OTTO, P.A.			PH 4:51	
39	N 1990 SHERIDAN STR	Name REET, SUITE 109		光 4:51
I	Florida street address	(P.O. Box NOT a	cceptable)	
<u>H</u> (OLLYWOOD	FL 33021		
	City, St	tate and Zip		
If the limited liability compactonfirmed that after the char and the business office of the liability company at 18 Merch	any is not organized unge or changes are made registered agent with a confirmed that the	ander the laws of the ade, the Florida straight be identical. Or change (s) was two	he State of Florida, it reet address of the reg , in the case of a Flori	is hereby istered office da limited

med 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)

BARRY STERNE, MANAGER

(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 for in Chapter 608, F.S. Or, it has 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)