

(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

G. MCLEOD

NOV - 2 2009

EXAMINER



000161217900

10/07/09--01009--001 \*\*35.00

09 0CT 30 PM 2: 19

15

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: BLITZ 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:		
LAWrence E. BLIT	<u>-Z</u>	
BLITZ LLC DBA (	Green Source MKT	
7290 Ken LAWI Dr. BOYNTON Address		
BOYNTON BCH FLA 33437 City/State and Zip Code		
BLITZ & GSO EXTRACTS, COM.  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
LAWIENCE BLITZ at (	561 - 740 -8595	
Name of Person	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:	-2/1C	
2. (a) Principal office address of limited liability company:	7290 Ken LAWI Dr.	
(Note: MUST BE STREET ADDRESS)	BOYNTON BEACH Florida 334.	
(b) Mailing address of limited liability company:	7290 Ken LANI Dr.	
(Note: MAY BE POST OFFICE BOX)	BoyNTON Resett Flanda, 33437 LOS 0000 62564	
06-21-2005	LOS 0000 62564	
3. Date of filing/registration in Florida	Document number	
5. (a) Registered Agent and Registered Office shown on the	<u>•</u>	
Registered Agent:	Corporate Creations NOTwork in	
Registered Office Address:	1/380 Prosperity Froms Rord#	
	Corporate Creations Network in 1/380 Prosperity Froms Rend # 2218	
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address:	
NEW Registered Agent:	LAWTENCE BLITZ	
NEW Registered Office Address:	7290 Ken LANI Dr.	
(MUST BE FLORIDA STREET ADDRESS)	BOYNTON BENEFIL 33437	
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	TIAR OF OF	
LAWRENCE BLITT	P# P#	
Printed or typed name of signee	S. S.	
Printed or typed name of signee  I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited limital type company	pree to act in this capacity. I further agree to per and complete performance of my duties; ition as registered agent as provided for the ely reflect a change in the registered office has been notified in writing of this change.	
Signature of Registered agent		
Division of Corporations, P.O. Box 632 FILING FEE: \$2	•	