405000094597

(Reque	estor's Name)
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(City/Si	tate/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 10, 2012

BRIAN P. HIGLEY P.O.BOX 4668 #9555 #9555 NEW YORK, NY 10163-4668

SUBJECT: THE BUILDING BLOCKS, LLC

Ref. Number: L05000094597

We have received your document for THE BUILDING BLOCKS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 712A00011476

District of Communitions D.O. DOV 6997 Wellshopen Elevide 99914

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Building Name of	Blocks, LLC f 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	ng this matter to the following:	
Brian P. Higley Name of Person		
The Building Blocks, LLC	ZÓIZ HAY -3 A SECRETARY OF ALLAHASSEE.	
P. 0 Box 4668 #9555	# 9555 # 9555	1
New York, NY 10163 - City/State and Zip Code	4668	
brianh@Hbb2excellence f:-mail address: (to be used for future annual repor	1 notification)	
For further information concerning this ma	atter, please call:	
Brian P. Haley Name of Person	at (352) 328-7241 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 Tallahassec, Florida 32314	
Enclosed is a check for the follow	ing 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: The Bu	ilding Blocks, LLC
2. (a) Principal office address of limited liability company	/:
(Note: MUST BE STREET ADDRESS)	9825 Gate Parkway N. #2215 Jackson Ville, Fl. 32246
(b) Mailing address of limited liability company:	The Building Blocks, LLC
(Note: MAY BE POST OFFICE BOX)	P. O Box 4668 # 9555 #9555 New York, NY 10163-4668
3. Date of filing/registration in Florida	<u>L05000094597</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	USA-RA LLC
Registered Office Address:	841 Prudential Dr 12th Floor Jacksonville, Fl. 32207
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	Brian P. Higley
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9825 Gate Parkway N. #2215 Jacksonville ,FL 32246
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Thereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of a member of lam familiar with and accept the obligations of my possible of the province of the limited liability company. Signature of Registered Agent	lorida street address of the registered office ical. Or, in the case of a Florida-limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of Registered Agent Division of Corporations, P.O. Box 63	27 Tollohassoo Fi 32314
// Division of Corporations.おし. Box 63	z/. lananassee. fl. 52514

FILING FEE: \$25.00