

L070000 33038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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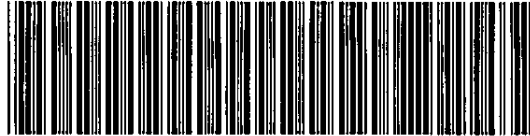
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 28 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLONDE CONCEPTS, LLC

Name of Limited Liability Company

2016 JUL 26 PM 2:18
TALLAHASSEE, FLORIDA

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:

AMY AGRAMONTE

Name of Person

JH

BLONDE CONCEPTS, LLC

Firm/Company

3670 BATTERSEA RD

Address

COCONUT GROVE, FL 33133

City/State and Zip Code

Amy@BlondeConcepts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Agramonte

at (**305**) **793-1660**

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

* Check was
previously sent for this



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2016

AMY AGRAMONTE
3670 BATTERSEA ROAD
COCONUT GROVE, FL 33133

SUBJECT: BLONDE CONCEPTS, LLC
Ref. Number: L07000033038

We have received your document for BLONDE CONCEPTS, 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):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 116A00013641

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: BLONDE CONCEPTS, LLC

2. (a) 3670 BATTERSEA RD (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

COCONUT GROVE, FL 33133

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

03/27/2007

L07000033038

3. Date of filing/registration in Florida

4. Document number

5. (a) NRAI SERVICES, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Road

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

(b) CHRISTOPHER CULHANE

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3670 Battersea Rd

NEW Registered Office Address:

Coconut Grove, FL 33133

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.

Amy Agramonte
Signature of a member or authorized representative of a member

Amy Agramonte

Printed or typed name of signer

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 605, F.S. Or, if this 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]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00