## L12000/36843

(Requestor's Name)		
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
				ire, LLC
Name o	f Limited	d Liabi	lity Con	npany
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	l Office (	Change	and fee	e(s) are submitted for filing.
Please return all correspondence concernir	ng this m	atter to	the fol	lowing:
Lisa Shults				
Name of Person				
Corporate Direct, Inc.				
Firm/Company				
2248 Meridian Blvd Ste	н			
Address				
Minden, NV 89423				
City/State and Zip Code				
Ishults@corporatedirect.c	om rt notificati	on)	_	
For further information concerning this ma	atter, ple	ase cal	l:	
Lisa Shults	at (_	775	)	284-7167
Name of Person			Area Cod	le & Daytime Telephone Number
STREET/COURIER ADDRESS:		MA	AILING	ADDRESS:
Registration Section				n Section
Division of Corporations				Corporations
Clifton Building			). Box 6	
2661 Executive Center Circle Tallahassee, Florida 32301		Tal	llahassee	e, Florida 32314
Enclosed is a check for the follow	ving am	ount:		
✓ \$25 Filing Fee		\$:	55 Filin	g 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.

Name of the limited liability company:	Building Blocks of Culture, LLC		
2. (a) Principal office address of limited liability co	ompany: 253 NE 2nd Street 1903		
(Note: MUST BE STREET ADDRESS)	Miami, FL_33132		
(b) Mailing address of limited liability company:	253 NE 2nd Street 1903		
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33132		
10/26/2012	L12000136843		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Deptiof state:		
Registered Agent:	Mark Lesniak		
Registered Office Address:	10 NE 7th Street  Miami FL 33136		
(b) Enter name of <u>NEW Registered Agent</u> and/o			
NEW Registered Agent:	Gerri Detweiler		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	1037 Greystone Lane		
[3.1.0.2.1.2.2.1.1.2.2.1.1.2.2.1.1.2.2.1.1.2.2.1.1.2.2.1.1.2.2.1.1.2.2.1.1.2.2.1.1.2.2.1.1.2.2.1.1.2.2.1.1.2.2.1.1.2.2.1.1.2.2.1.2.2.2.1.2.2.2.1.2	Sarasota ,FL34232		
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company, it is hereby confirmed that the chaof the members of the limited liability company or a or the operating agreement of the limited liability co	er the laws of the State of Florida, it is hereby, the Florida street address of the registered office e identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote s otherwise provided in the articles of organization impany.		
Aramis Lorie, Manager Printed or typed name of signee			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address I hereby confirm that the limited liability consigning of Registered Agent	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in I 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