

# L13 0000096472

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

2019 JAN 10 AM 11:06

LED

LLC REGISTERED AGENT CHANGE  
CONSTANTBLAZE LOCAL ONLINE MARKETING LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. CLINE

JAN 11 2019

EXAMINER  
Help

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ConstantBlaze Local Online Marketing 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:

Morgan Noble

Name of Person

ConstantBlaze Local Online Marketing LLC

Firm/Company

7901 4th St NSTE 300

Address

St. Petersburg, FL 33702

City/State and Zip Code

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

For further information concerning this matter, please call:

Morgan Noble at ( 509 ) 768-2249  
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

2019 JAN 10 AM 11:06

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**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: ConstantBlaze Local Online Marketing LLC

2. (a) 16058 Johns Lake Overlook Drive (b) 16058 Johns Lake Overlook Drive

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

WINTER GARDEN, FL 34787

WINTER GARDEN, FL 34787

07/08/2013

L13000096472

3. Date of filing/registration in Florida

4. Document number

5. (a) BLAISE, TIMOTHY

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

16058 Johns Lake Overlook Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

WINTER GARDEN, FL 34787

(b) Northwest Registered Agent, LLC.

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

7901 4th St N

NEW Registered Office Address.

STE 300

St. Petersburg, FL 33702

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.

Timothy Blaise  
Signature of a member or authorized representative of a member

Timothy Blaise- 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 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.*

Tom Glover Tom Glover - Assistant Secretary  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00