

L14 0000 45892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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16 JUL 27 PM 1:32

JUL 27 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2016

AMY AGRAMONTE  
3670 BATTERSEA ROAD  
COCONUT GROVE, FL 33133

SUBJECT: BLONDE BUD LLC  
Ref. Number: L14000045892

We have received your document for BLONDE BUD 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) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 216A00013582

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLONDE BUD 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:

Amy Agramonte

Name of Person

BLONDE BUD 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

INHS18 (2/14)

*\* Check was  
previously sent for this*

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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: BLONDE BUD

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)

03/19/2014

L14000045892

3. Date of filing/registration in Florida

4. Document number

5. (a) LEGALINC CORPORATE SERVICES, INC.

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

5237 Summerlin Commons

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 400

Fort Myers, FL 33907

(b) CHRISTOPHER CULHANE

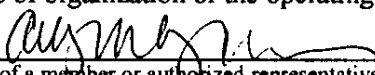
Enter name of NEW Registered Agent and/or NEW Registered Office address:

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.

  
Signature of a member or authorized representative of a member

AMY AGRAMONTE

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.

  
Signature of Registered Agent

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