115000191576

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
حر Office Use Only								
S WE SEE								



800304136218

10/06/17--01004--001 **25.00

10/6/17

FILE D

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	ECT:		Bloodstoo					
		Nan	ne of Limited Lia	bility Company				
Dear S	ir 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:								
	Stochen	1. Dim	aur)					
	Stephen Name of	Person		_				
				<u>.</u>				
Firm/Company								
243 Toggge VI D								
Address								
Plantation, Fl. 33324 City/State and Zip Code								
	City/State as	nd Zip Code						
	Sdimenuine a bell south not							
E-mail address: (to be used for future annual report notification)								
For fu	rther information concerni	ng this matter	, please call:					
<	Stephen L. Dir	Λουσ	at (954	, 802-4180				
	Name of Person	·iani	at (Area Code & Daytime Telephone Number				
	CTDEET/COUDIED A	DDDUCC.	MA	ILING ADDRESS:				
	STREET/COURIER A Registration Section	DDKE99:		istration Section				
	Division of Corporations	S	Divi	sion of Corporations				
	Clifton Building			Box 6327				
	2661 Executive Center C Tallahassee, Florida 323		Tall	ahassee, Florida 32314				
	Enclosed is a check for the following amount:							
		THE TOHOWING						
	\$25 Filing Fee		LI \$55	Filing Fee & Certified Copy				

INHS18 (2/14)

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. N	ame of the limited liability company:	Davie	Bloods	itock L	-LC
2. (a)	243 Jacaranda Dr.		b) <u>24</u>	3 Jaca	randa Dr.
	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any:	M		of limited liability company: BE POST OFFICE BOX
	Plantation, Fl. 33324		P	butatio	J. F1. 33324
	·	·····			
	11/12/2015			L15000	191576
3.	Date of filing/registration in Florida	4.		Document n	
5. (a)	Registered Agent and Registered Office shown on the rec	ords of the Florid			
	Registered Office Address (MUST BE FLORIDA ST	(† <u>REET ADDRES</u>	<u></u>		17 O SECK
	Suite A				ACT
	Tampa # 33613	_,FL <u>33</u>	612		FILED 7 OCT -6 PH 12: 0 SECKETARY OF STATE ALLAHASSEE, FLORIDI
(b)					H IZ: (
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	gistered Office ac	<u>idress</u> :		<u> </u>
	243 Jacaranda	Dr.			
	NEW Registered Office Address:	-			
		· · · · · · · · · · · · · · · · · · ·			
	Plantation	, fl3 <i>3</i>	324		
agent was/w	limited liability company is not organized under ange or changes are made, the Florida street additional will be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the menticles of organization or the operating agreement	ress of the regi aited liability c abers of the lin	istered office company, it is nited liability	and the busi hereby conf company or	iness office of the registered firmed that the change(s)
	2)1			tohen	L. D. Mauro ed name of signee
-	ature of a member or authorized representative of a member				•
provis the ob- to mer	eby accept the appointment as registered agent a ions of all statutes relative to the proper and couligations of my position as registered agent as pely reflect a change in the registered office address in writing of this change.	nd agree to ac nplete perform rovided for in ess, I hereby c	t in this capa nance of my d Chapter 605, confirm that th	city. I furth uties, and I F.S. Or, if he limited li	er agree to comply with the am familiar with and accept this document is being filed ability company has been
Signan	ire of Registered Agent				
- Guutt					