

L16000090146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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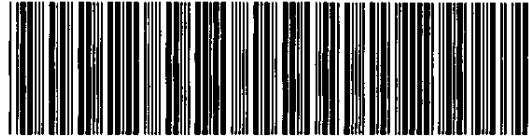
(Business Entity Name)

(Document Number)

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2017 JUN 26 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUN 30 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Blindalli 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:

SUSAN Knoepfel  
Name of Person

Blindalli LLC  
Firm/Company

7234 Hyde Grove Ave  
Address

Jacksonville FL 32210  
City/State and Zip Code

saknoepfel@yahoo.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN Knoepfel at (904) 613-0034  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2017

SUSAN KNEEPFEL  
7234 HYDE GROVE AVE  
JACKSONVILLE, FL 32210

SUBJECT: BLINDALLI LLC  
Ref. Number: L16000090146

We have received your document for BLINDALLI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only list one person as the registered agent, not two.

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: 617A00012402

*Please delete Craig's name, Thank you,  
use just mine: Susan Kneepfel*

RECEIVED

2017 JUN 26 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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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: Blindalli LLC

2. (a) 7234 Hyde Grove Ave (b) 7234 Hyde Grove Ave  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Jacksonville FL 32210 Jacksonville FL 32210

3. 5-9-2016 4. L 16000090146  
Date of filing/registration in Florida Document number

5. (a) United States Corp. Agents Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oak Ct A  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa FL 33612

(b) Susan Knoepfel  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

7234 Hyde Grove Ave  
**NEW Registered Office Address:**

Jacksonville, FL 32210

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.

Susan Knoepfel Susan Knoepfel  
Signature of a member or authorized representative of a member 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.

Susan Knoepfel  
Signature of Registered Agent

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

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