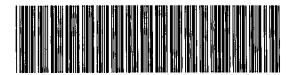
116000108232

(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:						

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DEC 1 3 2016 S. YOUNG SHUREDARY DE STATE FALLAHASSEE, FLOUDA

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI						
	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The en	iclosed Registered Agent/Registered Office	Change	and fee(s) are submitted for filing.			
Please	return all correspondence concerning this m	atter to	the following:			
Gerd	Franke, CPA		•			
	Name of Person					
Hill, E	Barth & King LLC					
	Firm/Company		- 			
3838	Tamiami Trail N. #200					
	Address					
Naple	es, FL 34103					
	City/State and Zip Code					
gfran	ke@hbkcpa.com					
Е	-mail address: (to be used for future annual	report n	otification)			
For fur	rther information concerning this matter, ple	ase call:				
Gerd	Franke	239	263-2111			
	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)

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: Blaczko LLC	;		
2. (a)				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST	
	3838 Tamiami Trail N. #200	;	3838 Tamiami Trail N. #2	00
	Naples, FL 34103		Naples, FL 34103	
	06/03/2016	L	16000108232	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Allure Accounting, Inc.			
J. (a)	Registered Agent and Registered Office shown on the records of	f the Florida D	ept. of State:	17. SEE
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		TO DEC 12
•	3665 Bonita Beach Road, Suite 1-3	*****		7
	Bonita Springs	_L 34134		PH H:-
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addr	<u>:ss</u> :	
	NEW Registered Office Address:			
	3838 Tamiami Trail N. #200			
	Naples , FI	_L 34103		
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited larger authorized by an affirmative vote of the members ticles of organization or the operating agreement of the larger than the larger	of the registe liability com of the limite e limited lia	red office and the business of pany, it is hereby confirmed the d liability company or as other	fice of the registered hat the change(s) erwise provided in
I here provis the ob to men notifie	eby accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, led in writing of this change. Trankle 12-7-20/4 ure of Registered Agent	gree to act in e performan ed for in Ch I hereby con	this capacity. I further agree ce of my duties, and I am fami apter 605, F.S. Or, if this doc firm that the limited liability c	e to comply with the iliar with and accept ument is being filed ompany has been