L16000203404

(Requestor's Name)				
(Address)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(occument varioes)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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J. HARRIE

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations				
SUBJECT:	Beyond The Bluprint, LLC				
bebale i.	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Offic	ee Change and fe	e(s) are submitted for filing.		
Please return	all correspondence concerning this	s matter to the fo	Howing:		
Karen J Si	ilver				
	Name of Person		•		
Beyond Th	ne Bluprint				
	Firm/Company		•		
2170 Main	Street S-103				
	Address		•		
Sarasota F	Florida 34237				
	City/State and Zip Code		•		
karin.j.silve	er@gmail.com				
E-mail	address: (to be used for future annu	ial report notifica	ation)		
For further is	nformation concerning this matter.	please call:			
Karen J Si	lver	571	233-6063		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314		
Enclosed is a check for the following amount:					
☑ \$2	25 Filing Fee	□ \$55	Filing Fee & Certified Copy		

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. Na	ame of the limited liability company:	e Bluprint	
2. (a)	2170 Main Street S- 103	(b)	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sarasota , Florida 34237		
	11/04/2016	L160	000203404
3.5. (a)	Date of filing/registration in Florida Jo Ann M Koontz	4.	Document number
J. (u)	Registered Agent and Registered Office shown on the records 1613 Fruitville Rd	of the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	Sarasota	FL 34237	A DE LES
(b)	Karen J Silver		%> № 🗠
(-,	Enter name of NEW Registered Agent and/or NEW Register	red Office ad <u>dress</u> :	
	NEW Registered Office Address:		
	2170 Main Street S- 103		. -
	Sarasota	FL	····
the cha agent v was/we the arti Signal I herei provisi the obl	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and a cons of all statutes relative to the proper and completing ignations of my position as registered agent as provingly reflect a change in the registered office address, if in writing of this change.	of the registered liability compars of the limited liability he limited liability everes to act in the	l office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Printed or typed name of signce is canacity. I further agree to comply with the

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

Signature of Registered Agent