

(Requestor's Name)					
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	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL.			
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(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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COVER LETTER

Division of Corporations		
SUBJECT: Bliss BW, LLC		
	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chan	age and fec(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Lisa Wannemacher		
Name of Person		
Firm/Company		
176 4th Ave NE, Unit 1602		
Address		
St. Petersburg, FL 33701		
City/State and Zip Code		
lisawannema@gmail.com		
E-mail address: (to be used for future annual repo	rt notification)	
For further information concerning this matter, please of	call:	
Amanda E. Taylor 7	27 502-8289	
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	t:	
■ \$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. Na	ame of the limited liability company: Bliss BW, LLC	С		
2. (a)	176 4th Ave NE		b) 176 4th Ave NE	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	···········	Mailing addr	ess of limited liability company: AY BE POST OFFICE BOX)
	Unit 1602		Unit 1602	
	St. Petersburg, FL 33701		St. Petersburg, F	EL 33701
	01/09/2017		L17000007287	
3.	Date of filing/registration in Florida	4.	Documen	nt number
5. (a)	Lisa Wannemacher			
J. (u)	Registered Agent and Registered Office shown on the records of 300 Beach Drive	the Flori	da Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) #210			
	St. Petersburg , FI	3370	<u> </u>	17) SECI
(b)	Lisa Wannemacher			17 MAR - ECRETA
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			RY OF SIATE SEE, FLORID
	176 4th Ave NE			
	NEW Registered Office Address:			
	Unit 1602	-		
	St. Petersburg	3370	1	
the cha agent v was/we	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the reg iability of the li	sistered office and the b company, it is hereby c mited liability compan	ousiness office of the registered on firmed that the change(s)
	Sr	Ar	nanda E. Taylor	
Signa	iture of a member or authorized representative of a member	<u></u>	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