

L170000 24291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

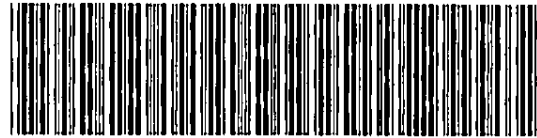
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2019 JAN 28 PM 1:34
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TALLAHASSEE, FL

C. GOLDEN

JAN 30 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINANCIAL TRAILBLAZING SOLUTIONS, 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:

SABU JOHN

Name of Person

FINANCIAL TRAILBLAZING SOLUTIONS, LLC

Firm/Company

2011 NW 104 AVE

Address

PEMBROKE PINES, FL 33026

City/State and Zip Code

SABUJOHN79@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SABU JOHN at (954) 662-4768
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

January 15, 2019

SABU JOHN
2011 NW 104 AVENUE
PEMBROKE PINES, FL 33026

SUBJECT: FINANCIAL TRAILBLAZING SOLUTIONS, LLC
Ref. Number: L17000024291

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

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

The registered agent must sign accepting the designation.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 319A00001173

**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: FINANCIAL TRAILBLAZING SOLUTIONS, LLC
2. (a) FINANCIAL TRAILBLAZING SOLUTIONS
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
2011 NW 104 AVE
PEMBROKE PINES, FL 33026
- (b) FINANCIAL TRAILBLAZING SOLUTIONS
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
2011 NW 104 AVE
PEMBROKE PINES, FL 33026
3. 01/31/2017
Date of filing/registration in Florida
4. L17000024291
Document number

5. (a) REGISTERED AGENTS INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3030 N. ROCKY POINT DR. STE. 150A

TAMPA, FL 33607

- (b) SABU JOHN

Enter name of NEW Registered Agent and/or NEW Registered Office address:

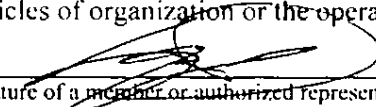
NEW Registered Office Address:

2011 NW 104 AVE

PEMBROKE PINES, FL 33026

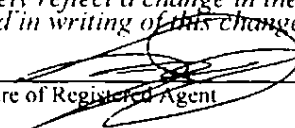
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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.


Signature of a member or authorized representative of a member

SABU JOHN
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