

L17 CCC 191610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

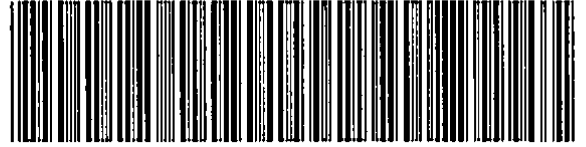
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500344568015

2020 MAY 14 PM 3:10

05/14/20--01011--025 **25.00

O SIMIONS

JUN 02 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blits Insurance Agency, 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:

Jarred Blits

Name of Person

Blits Insurance Agency, LLC

Firm/Company

1317 Edgewater Dr. #869

Address

Orlando, FL 32804

City/State and Zip Code

jarred@blitsinsurance.com

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

For further information concerning this matter, please call:

Jarred Blits

Name of Person

at (_____) _____

407-701-3766

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$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. Name of the limited liability company: Blits Insurance Agency

2. (a) 1317 Edgewater Dr. #869, Orlando, FL 32804 (b) 1317 Edgewater Dr. #869, Orlando, FL 32804

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

09/14/2017

L17000191610

3. Date of filing/registration in Florida 4. Document number

5. (a) Jarred Blits
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7249 RAMBLING WATER WAY

Windermere, FL 34786

(b) Kelly Miller
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1317 Edgewater Dr

Orlando, FL 32804

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]
Signature of a member or authorized representative of a member

Jarred Blits
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]
Signature of Registered Agent

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

2020 MAY 14 PM 3:10