

218000009731

(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



800308415088

01/29/18--01011--019 **25.00

FILED
18 FEB 15 AM 10:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

FEB 16 2018

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2018

LEXIE STOLEN
PO BOX 66574
ST PETE BEACH, FL 33736

SUBJECT: ABSOLUTE BLISS PRODUCTS, LLC
Ref. Number: L18000009731

We have received your document for ABSOLUTE BLISS PRODUCTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 318A00002015

RECEIVED
FEB 15 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Absolute Bliss Products, 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:

Lexie Stolen

Name of Person

Absolute Bliss Products, LLC

Firm/Company

P.O. Box 66574

Address

St. Pete Beach, FL 33736

City/State and Zip Code

absoluteblissproducts@gmail.com

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

For further information concerning this matter, please call:

Lexie Stolen at (407) 230-0879
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

**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: Absolute Bliss Products, LLC

2. (a) Absolute Bliss Products, LLC (b) Absolute Bliss Products, LLC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

250 Corey Avenue #66574

St. Pete Beach, FL 33706

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

P.O. Box 66574

St. Pete Beach, FL 33706

01/10/2018

L18000009731

3. Date of filing/registration in Florida

4. Document number

5. (a) Absolute Bliss Products, LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Lexie Stolen

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

8455 Blind Pass Drive

Treasure Island, FL 33706

(b) Absolute Bliss Products, LLC

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

Lexie Stolen

NEW Registered Office Address:

250 Corey Avenue #66574

St. Pete Beach, FL 33706

FILED
18 FEB 15 AM 9:49
TALLAHASSEE, FLORIDA

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.

Lexie Stolen
Signature of a member or authorized representative of a member

Lexie Stolen

Printed or typed name of signer

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

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

COVER LETTER

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Division of Corporations

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Name of Person

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Firm/Company

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Address

St. Pete Beach, FL 33736

City/State and Zip Code

absoluteblissproducts@gmail.com

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

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Lexie Stolen at 407 230-0879
Name of Person Area Code & Daytime Telephone Number

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Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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1/10/18

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Lexie Stolen

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8455 Blind Pass Drive

Treasure Island, FL 33706

(b) Lexie Stolen

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

Absolute Bliss Products, LLC

NEW Registered Office Address:

250 Corey Ave #66574

St. Pete Beach, FL 33706

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Lexie Stolen
Signature of a member or authorized representative of a member

Lexie Stolen

Printed or typed name of signee

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Signature of Registered Agent

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