

L190000050159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 22 2019

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLOWFISH IX 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:

Tim Hester

Name of Person

Firm/Company

15031 Punta Rassa Rd. APT 706

Address

FT. MYERS, FL 33908

City/State and Zip Code

TIM HESTER56@gmail.com

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

For further information concerning this matter, please call:

Tim Hester

Name of Person

at (940) 445-7666

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: BLOW FISH IX LLC
2. (a) 15031 Punta Rassa Rd. APT 706 (b) 15031 Punta Rassa Rd. APT.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
FT. MYERS, FL. 33908 FT. MYERS, FL. 33908

3. 2/20/19 Date of filing/registration in Florida 4. L19000050159 Document number

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

13105 Silver Titon Loop
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
FT. MYERS, FL. 33903
_____, FL. _____

- (b) Tim Hester
Enter name of NEW Registered Agent and/or NEW Registered Office address:

15031 Punta Rassa Rd. APT. 706
NEW Registered Office Address:

FT. MYERS FL. 33908

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.

Tim Hester
Signature of a member or authorized representative of a member

Tim Hester
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.

Tim Hester
Signature of Registered Agent

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