

170000007917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

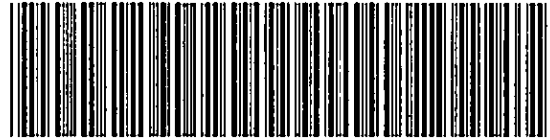
(Business Entity Name)

(Document Number)

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FEB 16 2021
S. YOUNG

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blaeck Pad
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:

Aiesha Stephens
Name of Person

Blaeck Pad
Firm/Company

1140 Castlewood ter Apt 114
Address

Casselberry / FL 32707
City/State and Zip Code

AieshaStephens66@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aiesha Stephens at (407) 428 7628
Name of Person 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: Blaeck Pad
2. (a) 1317 Edgewater Dr
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
1049
Orlando, FL 32804
- (b) P.O. box 181702
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Casselberry FL 32718
3. 01/04/2021
Date of filing/registration in Florida
4. L20000007917
Document number
5. (a) United States Corporations Agents, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5575 S. Semoran Blvd
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 36
Orlando, FL 32822 FL 32822
- (b) Aiesha Stephens
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
1140 Castlewood Terr
NEW Registered Office Address:
Apt 114
Casselberry FL 32707

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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.

A Stephens
Signature of a member or authorized representative of a member

Aiesha Stephens
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.

A Stephens
Signature of Registered Agent