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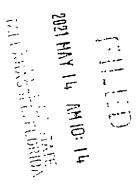
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COVER LETTER

TO: Registration Section Division of Corporations	
Blass Holdings LLC SUBJECT:	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
Kathi Collester	
Name of Person	
Blass Holdings LLC	
Firm/Company	
4910 Communication Avenue	
Address	
Boca Raton, Florida 33431	
City/State and Zip Code	
keollester@pr.business	
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please ca	ill:
Kathi Collester 56	1 413-0045
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

INHS18 (2/14)

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. Na	nme of the limited liability company: Blass Holdings	LLC					
2. (a)			(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	38 NW 24th Street		38 NW 24	th Street			
	Miami, FL 33127		Miami, Fl.	. 33127			
	11/19/20		L200003668	893			
3.	Date of filing/registration in Florida	4.		Document nur	mber		
5. (a)	Seibane, Kotlyarov & Associates PLLC						
(11)	Registered Agent and Registered Office shown on the records	of the Flor	ida Dept. of Stat	_ e: _			
	Registered Office Address (MUST BE FLORIDA STREE 913 Mabbette Street	ET ADDRE	<u>(SS)</u>		<u> </u>		
	Kissimmee	FL_34741		_	121 H	• ::	
(h)				_	2021 HAY ILL AM IO: 14	- '	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office	address:		7		
	Kotlyarov Law Offices PLLC				1 07.1 1 07.1)	
	NEW Registered Office Address:			_	₹ .		
	4910 Communication Avenue, Suite 200	•		_			
	Boca Raton	FL_33431		_			
change agent v was/we the arti	imited liability company is not organized under the lear changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the operating agreem	he registe liability s of the li he limited	ered office and company, it is imited liability	d the business of the business of the confirmation of the company or the company of the company.	office of the reg	stered nge(s)	
Signa	ture of a member or authorized representative of a member			Printed or typed	name of signee		
provisi the obl to mere notified	by accept the appointment as registered agent and a cons of all statutes relative to the proper and completing tions of my position as registered agent as provided vertical accumple in the registered office address. If in writing of this charter that the constitution of this charter.	gree to a te perfori ded for in I hereby	ct in this cape nance of my e Chapter 605 confirm that i	acity. I further duties, and I ar , F.S. Or, if th the limited liab	agree to comply of familiar with a is document is b oility company he	with the nd accept eing filed is been	
Signatu	ic of Registered Agent						