

h21 0000 21687

(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:

J. HORNE
APR 20 2022

4/18

Office Use Only



900383756499

03/21/22--01032--004 **35.00

FILED
2022 APR 18 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR 18 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FL

April 5, 2022

ROBERT CHURCHILL
24706 FOX RD
ASTOR, FL 32102 US

SUBJECT: BLC ENDEAVORS, LLC
Ref. Number: L21000021687

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 322A00007915

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLC ENDEAVORS
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:

Robert J Churchhill
Name of Person

BLC ENDEAVORS LLC
Firm/Company

24706 FOX RD
Address

ASTOR, FL 32102
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert J Churchhill at (256) 904-8387
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: ELC ENDEAVORS
2. (a) 24700 Fox Road Astor FL 32102 (b) 24700 Fox Road Astor FL 32102
Principal office address of limited liability company: 32102 Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 1/8/2021 Date of filing/registration in Florida 4. L210000 21687 Document number

5. (a) INC AUTHORITY RA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
390 NORTH ORANGE AVE SUITE 2300
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

- ORLANDO, FL 32801
(b) ROBERT J Churchin
Enter name of NEW Registered Agent and/or NEW Registered Office address:

24700 Fox Road
NEW Registered Office Address:

~~ASTOR~~ Rye

ASTOR, FL 32102

FILED
2022 APR 18 AM 10:25
SECRETARY OF STATE
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.

Robert J Churchin
Signature of a member or authorized representative of a member

ROBERT J. Churchin / Lisa Churchin
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.

Robert J Churchin
Signature of Registered Agent