Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000117245 3)))



H240001172453ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

 ϕ_{C} :

Division of Corporations

Fax Number : (850) 817-6383

From:

Account Name : URS AGENIE LLC Account Number : 120150000127 Phone : (300) 567-1397 Fax Mumber : (800):67-4398

enter the email address for this business entity to be used for fulfilie annual report mailings. Enter only one email address please. 🗨 🤤

Email Address: larry@rascazzi.com

LLC REGISTERED AGENT CHANGE BLRFL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2024-03-29 15:38:23 GMT

17702346196

From: Kimberly Rogers DocuSign Envelope ID: 6126C1BC-ECF0-4C08-8DAF-6087E0A68775

(((H24000117245 3)))

COVER LETTER						
TO: Registration Section Division of Corporations						
SUBJECT: BLRFL LLC						
	e of Limited	Liability Company				
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offi	ice Change a	and fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to t	he following:				
Larry Rascazzi						
Name of Person						
BLRFL LLC						
Firm/Company	-					
8833 MILESTONE DRIVE						
Address						
SARASOTA, FL 34238						
City/State and Zip Code						
larry@rascazzi.com						
E-mail address: (to be used for future ann	ual report no	rtification)				
For further information concerning this matter,	please call:					
Kathy Clark	008 at (567-4397				
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:					
☑ S25 Filing Fee	٥	\$55 Filing Fee & Certified Copy				
INIIS18 (2/14)						

From: Kimberly Rogers

DocuSign Envelope ID: 6126C1BC-ECF0-4C0B-8DAF-6087E0A68775

(((H24000117245 3)))

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 Fiorida.

I. Na	ame of the limited liability company: BLRFL LLC			
2. (a)		(l	o)i	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8833 MILESTONE DRIVE		8833 MI	LESTONE DRIVE
	SARASOTA, FL 34238	_	SARAS	OTA, FL 34238
	04/01/2021		L210001	52620
3.	Date of filing/registration in Florida	- 4.		Document number
5 (0)				
., (11)	Registered Agent and Registered Office shown on the records of REGISTERED AGENTS INC.	the Florida	a Dept. of Stat	
	Registered Office Address (MUST BE FLORID 4 STREET)	<u></u>	241	
	7901 4TH ST. NORTH300			MAR
	PETERSBURG ,FL	33702		2024 HAR 29
(h)	Enter name of NEW Registered Agent and/or NEW Registered URS AGENTS, LLC NEW Registered Office Address: 3458 LAKESHORE DRIVE	1 Office ad	dress:	2024 HAR 29 AH 9: 50 TALLAHASSEE FLORIDA
				-
	TALLAHASSEE ,FL	32312		_
the cha agent v was/we the arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cless of organization or the operating agreement of the operating agreement of the operating agreement of the layer of an authorized representative of a member of authorized representative of a member	f the regi ability co of the lin	stered offic ompany, it i nited liabilit liability cor	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
1 herei	by accept the appointment as registered agent and age	ree to ac	t in this cap	acity. I further agree to comply with the
provisi the ohl to merc notified	ons of all standes relative to the proper and complete igations of my position as registered agent as provide live reflect a change in the registered office address. I have some of this change.	perform ed for in (hereby c	ance of my Chapter 60: onfirm that	duties, and Lam Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Marie	and the second of the second o			