## 422000096343

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)						
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PICK-UP WAIT MAIL						
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2022 OCT 26 PH 1:55 SECRETARY SESTATE



September 27, 2022

To Whom It May Concern:

Please file the enclosed Document and return a date stamped copy to my attention.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 ext. 2502

Sincerely.

Jill White Corporate Services Department National Service Information, Inc 145 Baker St Marion, Ohio 43302 jill@nsii.net

## COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	876 BLANDING LLC				
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered O	ffice Change	and fee(s) are submitted for filing.		
Please	return all correspondence concerning t	his matter to	the following:		
JH.I. W	чнте				
	Name of Person	<del></del>			
NSI					
	Firm/Company		<del></del>		
145 B.A	KER ST				
	Address				
MARIO	N OHIO 43302				
	City/State and Zip Code				
IILL@N	SII.NET				
É	mail address: (to be used for future and	nual report no	otification)		
For furth	her information concerning this matter	, please call:			
JILL WE	HITE	740 at (	387-6806		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		MAILING ADDRESS:		
Registration Section		Registration Section			
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327			
266) Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314			
1	Enclosed is a check for the following	amount:			
Ģ	■ \$25 Filing Fee	a	\$55 Filing Fee & Certified Copy		
NHS18 (	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. N	ame of the limited liability company: 876 BLAND	ING LLC	
2. (a)	Dain dead and a state of the state of		
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	:	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	03/08/2022	-	
3.		<del></del>	0096343
5. (a)	Date of filing/registration in Florida ANSBACHER & SCHNEIDER, P.A.		Document number
.v. (a)	Registered Agent and Registered Office shown on the record	s of the Flurida Dept, o	f State:
	Registered Office Address <u>(MUST BE FLORIDA STRE</u> 5150 BELFORT ROAD, BUILDING 100	ET ADDRESS <sub>I</sub>	2022 OCT 26 SECRETAR TALLAR
	JACKSONVILLE,	FL 32256	ZOCT 26 PH 1: TALLLARY XEST
(b)	NRAI Services, Inc.		PH F
	Enter name of NEW Registered Agent and/or NEW Registe	red Office address.	1:55 1:55
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation		<del></del>
gent wi ras/wer re artic Signatu hereby rovisión ne obligo merel	mited liability company is not organized under the ige or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited e authorized by an affirmative vote of the member less of organization or the operating agreement of the ed a member or accept the appointment as registered agent and complete at the appointment as registered agent and complete accept the appointment as registered agent and complete accept the appointment as registered agent as provided in writing of this change.  NRAI Services, Inc.  of Registered Agent	laws of the State of of the registered of liability company, s of the limited liability he limited liability with the limited liability of the limited liability of the limited liability of the limited liability of the performance of its performance of its performance of the limited liability of the liability of	f Florida, it is hereby confirmed that after ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  The Lagrangian of signee to comply with the my duties, and I am jamiliar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00