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## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered	d Office Change and	fee(s) are submitted for filing.				
Please return all correspondence concernis	ng this matter to the	following:				
Anton Kuznetsov						
Name of Person						
BLAGO LLC						
Firm/Company		<del></del>				
1830 Meridian Ave apt 703						
Address		<del></del>				
Miami Beach, FL, 33139						
City/State and Zip Co	ode					
miami.anton@gmail.com						
E-mail address: (to be used for futur	e annual report notif	fication)				
For further information concerning this m	atter, please call:					
Anton Kuznetsov	305 at (	3947635				
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 follo	wing amount:					
■ \$25 Filing Fee	ū s	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. N	ame of the limited liability company: BLAGO LLC				
2 (a)			<b>h</b> )		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability (Note: MAY BE POST OFFIC	y company:
	1830 MERIDIAN AVE, apt 703		100 NW 4	8TH ST	
	MIAMI BEACH, FL , 33139		MIAMI, FL	., 33127	
	03/11/2022		L220001240	037	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a					
<i>5.</i> (a	Registered Agent and Registered Office shown on the records ALEXANDER RAGOZIN	s of the Florid	la Dept. of State	- #	
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u></u>	- اتا:	202
	1830 MERIDIAN AVE, APT 703			ACCE	= m
	MIAMI BEACH	FL <sup>33139</sup>		LAHASSEC	F11 2022 HAY 23
				JSS JOF	3 1
(b)	Enter name of NEW Registered Agent and/or NEW Register		ddress:	. FIS	PH 3: 06
	and of the same	ito Onice a	<u>uuress</u> .	LA	6
	ANTON KUZNETSOV				
	NEW Registered Office Address:	· <del>_ </del>		-	
	100 NW 48TH ST				į
	MIAMI	FL 33127		-	
chang agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street of th	laws of the the register l liability c rs of the lin the limited	e State of Flo red office and ompany, it is nited liability	orida, it is hereby confirmed I the business office of the phase that the company or as otherwise pany.	registered change(s)
Sign	ature of a reember or authorized representative of a member		TON ROZINE	Printed or typed name of signee	<u> </u>
provis the ob to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi elv reflect a change in the registered office address, d in writing of this change.	ele nertorn	iance of my d	city. I further agree to con buies, and I am familiar wi	iply with the
SIKHAU		. n	<b></b>		
	Division of Corporations • P.C	). Box 632	.7● Tallahas:	see, FL 32314	