Florida Department of State Division of Corporations extronle Filing Cover Shee

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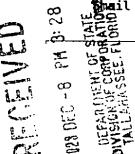
Account Name : COMPUTERSHARE Account Number : 110432003053

Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE BLEM BOSS REGIONS LLC

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Corporate Filing Menu

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K. SALY

DEC 14 2023

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: Blem Boss Region	ons LLC		
2. (a)	3245 Country Club Drive		(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)
	Lynn Haven,Florida (US)32444			
	11/3/2022 12:00:00 AM		1.220004733	329
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LEGALING CORPORATE SERVICES INC.			
	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	f the Flori	ida Dept. of Stat	- e: -
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRE.	<u>SS)</u>	
	Jacksonville, F	L ³²²⁰²		2023 DEC
(h)	Corporate Creations Network Inc.			EC.
(b) _.	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	address:	8-8
	801 US Highway 1			3 DEC -8 PH 4: 30
	NEW Registered Office Address:			30 30
	North Palm Beach, FI	L ³³⁴⁰⁸		-
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of the organization or the operating agreement of the	registe ability of of the li	red office and company, it is mited liability	I the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in
		Da	nielle W. Goss	man, Special Manager
_	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perform d for in hereby c	ct in this capa nance of my a Chapter 605, confirm that t	wity. I further agree to comply with the luties, and I am familiar with and accept .F.S. Or, if this document is being filed he limited liability company has been
	Danielle Go	ssman,	Special Sec	retary
Signatu	re of Registered Agent			