L23000032757

(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:	
Incorrect Form	ĺ





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COVER LETTER

TO: Registration Section Division of Corporations	. • •
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Soseph Branch Name of Person	
Blondies Coffee Compa	<u> </u>
2110 Oleander St Address	
Saint Sancs City, FL, 33 City/State and Zip Code	956
E-mail address: (to be used for future annual repo	Mail. Con rt notification)
For further information concerning this matter, please c	all:
Rachel Farmerat (at (S62) 268-2170 Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	t:
□ \$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 o	of the limited liability compar	ıy: <u>Bloodies</u>	Cof	fec_a	OMDANU	<u> </u> -	
	0 Olaunder st			2110	, ,	Lr 5	4
()	Principal office address of limite (Note: MUST BE STREE		- ()	Ma	iling address of lin	mited liabili	ity company:
4	wint Jomes City						
<u></u>	WITH SOMES CAY	1 Fr 33134	<u>.</u> .	700/11	UMD C	y	<u>L 55 04</u>
							<u> </u>
	1/19/23			L 2300	00 32 75	7	
3.	Date of filing/registratio	n in Florida	4.	D	ocument numb	er	
5. (a) Z	Cen Business						
Regi	stered Agent and Registered Office	shown on the records of the	e Florida Γ	Pept. of State:			
_ <u>3</u> Reg	336 E. College istered Office Address (MUST B	E AVE <u>ie florida street al</u>	ODRESS)				
5	Shit 30)			_	- (1.	202	
To	illa hassee	, FL_	323	0)		2024 HAR	<u>. 11</u>
(b) Ente	r name of NEW Registered Agent		office addr	<u>'ess</u> :	(1) (1)	_ ;	
<u>NEV</u>	210 Oleande W Registered Office Address:	os St			STATE	NH 7:55	
change or c agent will b was/were at	Ed liability company is not organized made, the Florida be identical. Or, in the case of organization or the operation of the operation of the operation.	ganized under the laws street address of the re f a Florida limited liab ote of the members of	of the S egistered ility com the limit	tate of Floric office and to pany, it is he ed liability of	he business off ereby confirme company or as	fice of the ed that the	registered change(s)
					Scare rinted or typed na	sh	
	f a member or authorized representa					_	
provisions (ccept the appointment as reginal statutes relative to the point of my position as register effect a change in the register of this change.	roper and complete pe	gforman	ce of my dul	ues, and Lam J	amiliar w	uth and accept
Signature of I	Registered Agent						

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



February 12, 2024

JOSEPH BRANCH 2110 OLEANDER ST SAINT JAMES CITY, FL 33956

SUBJECT: BLONDIES COFFEE COMPANY LLC

Ref. Number: L23000032757

We have received your document for BLONDIES COFFEE COMPANY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a REGISTERED OFFICE OR REGISTERED AGENT OR BOTH COPORATIONS, but your entity is a REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 724A00003042

Anissa Butler Regulatory Specialist II