L23000205818

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phon	e #)				
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate	s of Status				
Special Instructions to Filing Officer:						
J. HORNE						
JAN 2 9 2024						

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COVER LETTER ...

TO: Registration Section Division of Corporations		
Blown Away By Balloons LLC SUBJECT:		
	e of Limited I	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the	e following:
Christine A. Kelly		
Name of Person	·- ·	
CAEK Law, PLLC		
Firm/Company		
600 University Office Blvd Ste 10E		
Address		
Pensacola, FL 32504		
City/State and Zip Code		
blownawaybyballoons@yahoo.com		
E-mail address: (to be used for future annu	ial report noti	fication)
For further information concerning this matter, p	please call:	
Christine A. Kelly	850 at (777-3124
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 following a	amount:	
■ \$25 Filing Fee		\$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. No	ame of the limited liability company: Blown Away By B	alloons	s L	LC	
2. (a)	2633 Creighton Rd		(b) 3600 Newton Dr		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'	(17)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Unit C				
	Pensacola, FL 32504	_		Pensacola	. FL 32503
	04/26/2023		i.	.23000205	818
3.	Date of filing/registration in Florida	4.		-	Document number
5. (a)	Christine A. Kelly				
J. (u)	Registered Agent and Registered Office shown on the records of the	ne Florie	da I	Dept of Sta	de:
	5707 Highway 90				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				24 JAN -3 AM II: 55
					_
	Milton	32583			
	.12				- I
(b)	Christine A. Kelly				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office a	dd	ress:	10 S
	c/o CAEK Law PLLC				-,
	NEW Registered Office Address:				_
	600 University Office Blvd Ste 10E				_
	Pensacola	32514			
	FL-				_
change agent v was/w	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited fiabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the Eman.	egister oility c the lin imited	red on mit lia	l office ar ipany, it i ed liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Signa	ture of a member or authorized representative of a member				Printed or typed name of signee
There provisi the object to mer notific	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided dy reflect a change in the registered office address, I had in writing of this change.	e to ac erform for in ereby c	t i. nar Ch	n this cap ice of my iapter 60, ifirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Hignatu	re of Registered Agent				
	Division of Cornerations • P.O. B	ox 637	77.	. Tallaha	ssee Fl 37314

FILING FEE: \$25.00

INHS18 (2/14)