L23000424292

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Basiness Emily Hame)					
(Document Number)					
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400419287284

12/11/23--01033--020 **25.00



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: Blyss Enterprise	LLC	
2. (a)	16555 SW 148th Avenue Miami, FL 33187	(b) 165:	55 SW 148th Avenue Miami, FL 33187
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	December 5, 2023 Date of filing/registration in Florida		L23000424292 Document number
5. (a)	Nicole Letren		
	Registered Agent and Registered Office shown on the records of Nicole Letren	f the Florida Dept.	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 9555 SE 175 Terrace 4003		PROBLEM IN
	Palmetto Bay	33157	
	Enter name of NEW Registered Agent and/or NEW Registered		PH 12: 20 YOF STATE VISSEE, FL
	NEW Registered Office Address:		
	16555 SW 148th Avenue		
	Miami F	L ³³¹⁸⁷	
chang agent was/w	limited 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 dicles of organization or the operating agreement of the	e registered offi lability compan of the limited li	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to men notific	thy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I are of Registered Agent	ree to act in this performance of d for in Chapte hereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 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

COVER LETTER

TO: Registration Section Division of Corporations		
Blyss Enterprise LLC		
SUBJECT:	mited Liability Company	
	med Diatomy Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chan	ige and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Nicole Letren		
Name of Person		
Blyss Enterprise LLC		
Firm/Company		
16555 SW 148th Avenue		
Address		
Miami, FL 33187		
City/State and Zip Code		
nletren@yahoo.com		
E-mail address: (to be used for future annual report	rt notification)	
For further information concerning this matter, please c	all:	
Nicole Letren 30) 323-5699	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee	
rananassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
finchesod is a chook for the following		
Enclosed is a check for the following amount:		
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	