L23000 477 185

(Requestor's Name)		
(Address)		
· ,		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Daireas 5 air N		
(Business Entity Name)		
(Document Number)		
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2024 DEC 10 PH 2: 46 SECRETARY OF SIGNAT

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blended D&A	tod Linkilian Common
Name of Limi	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
-	
A Tuelsing	
Ange Justice Name of Person	
Name of Person	
Ti to	
Firm/Company	
12000 2 4 6	Ma E
13203 Bernuda Grass WA	- 14
Address	POLINDEC 10 PH 2: 116
P	
River view. FZ 3357 City/State and Zip Code	<u>'</u>
blended da a amil. com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	1:
An Tuchina	32 , 575.3859
Hnge Justice at (7.	Area Code & Daytime Telephone Number
	Thea code & Baytime Telephone Ivaniser
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
·	Tailahassee, FL 32303
Enclosed is a check for the following 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. Na	nme of the limited liability company:Blendee	1 DEA	
	13203 Bermuda Grass Way Rivery		Same
2. (a)	Principal office address of limited liability company:	55 71	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			122
3.	Date of filing/registration in Florida		L 2 3000 477185 Document number
	•	4.	Excument number
5. (a)	Registered Agent Solutions, Inc		
	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	
	2894 Reminster Green LN S	te A	, P
			MOUNTEC TO PH 2:116 SECRETARY SESSION SECRETARY SECRETARY SESSION SECRETARY SECRETARY SESSION SECRETARY SE
	Tallahassee , F	FL 32308	
	1		
(b)	Ange Justice	1.000	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	NINA STATE AND S		
	NEW Registered Office Address:		
	13203 Bernuda Trass Wa	4	
		,	
	Riverview FL .F	L 33577	
	imited liability company is not organized under the le or changes are made, the Florida street address of the		
agent v	will be identical. Or, in the case of a Florida limited:	liability company,	it is hereby confirmed that the change(s)
was/was/wasthe art	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of th	s of the limited hat we limited liability	oility company or as otherwise provided in
tile di t	Let of or organization of the operating agreement of the	· _	
Signa	ture of a member or authorized representative of a member	<u> </u>	Printed or typed name of signee
I here provisi the obi	by accept the appointment as registered agent and as ions of all statutes relative to the proper and completing at ions of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	eree to act in this a	capacity. I further agree to comply with the
Sanar	ore of Registered Agent		

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. Na	me of the limited liability company: Blended D&A	
	Principal office address of limited liability company: FL (Note: MUST BE STREET ADDRESS) 355 79	Same Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	10/17 /2023 Date of filing/registration in Florida 4.	L23000477185 Document number
	Registered Agent Solutions, Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of	
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 2894 Reminster Green LN Ste A Tallahassee , FL 32308 Ange Justice Enter name of NEW Registered Agent and/or NEW Registered Office address:	MOUNTEC 10 PH 2:16
	NEW Registered Office Address: 13203 Bernuda Grass Way	
change agent w was/we	mited liability company is not organized under the laws of the State or changes are made, the Florida street address of the registered official be identical. Or, in the case of a Florida limited liability companies authorized by an affirmative vote of the members of the limited liability companies of organization or the operating agreement of the limited liability	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.
I hereb provision the oblition to mere notified	aute of a member or authorized representative of a member by accept the appointment as registered agent and agree to act in this cons of all statutes relative to the proper and complete performance of igations of my position as registered agent as provided for in Chapte ly reflect a change in the registered office address, I hereby confirm ly in writing of this change.	Printed or typed name of signee s capacity. I further agree to comply with the f my duties, and I am familiar with and accept to 605, F.S. Or, if this document is being filed that the limited liability company has been