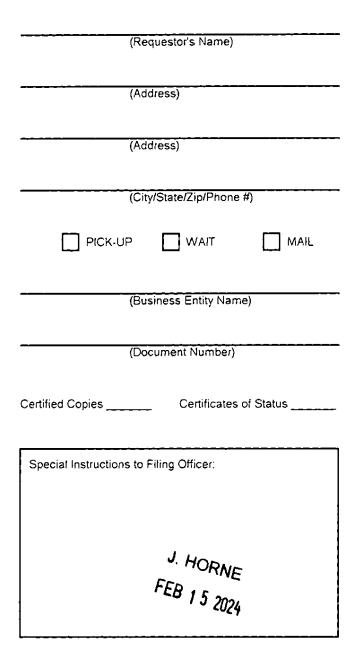
## L23000535180





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Office Use Only

## **COVER LETTER**

Division of Corporations	
SUBJECT: BLESSED SO Name of Limited I	
Dear Sir or Madam	
The enclosed Registered Agent/Registered Office Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	following:
John John Maldonado Name of Person	
BLESSED SEED LLC	
Firm/Company	
3941 Spartina Way Address	
Orlando, Florida 32824	
City/State and Zip Code	
E-mail address: (to be used for future annual report noti	fications
For further information concerning this matter, please call:	
John John Maldonado Paneto ar 1 40	7 , 697 - 6084 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 amount:	
□ \$25 Filing Fee	555 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.

Na	ame of the limited liability company: BLESS SEED LLC
?. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
<b>3</b> .	December 01, 2023  Date of filing/registration in Florida  John John Maldonado  L23000535180  Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  3941 Spartina Way  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	John John Maldonado Paneto  Enter name of NEW Registered Agent and/or NEW Registered Office address:
	3941 Spartina Way  NEW Registered Office Address:
	Orlando FL 32824
hange gent v vas/w	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the cor changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
l here provisi he obi o mer potifica o	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as pregistered agent as provided for in Chapter 605. F.S. Or, if this document is being filed ely reflect a chapte in the registered office address I hereby confirm that the limited liability company has been d in writing of this chapter.

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: BLESSED SEED LLC  Name of Limited Liability Company		
Dear Sir or Madam		
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing	
Please return all correspondence concerning this matter to the		
John John Maldonado		
Name of Person		
BLESSED SEED LLC		
Firm/Company	<del></del>	
3941 Spacting Color		
3941 Spartina Way Address	<del>-</del>	
Orlando, Florida 32824		
City/State and Zip Code	<del></del>	
blessedseedle agmail.com		
E-mail address: (to be used for future annual report notific	cations	
For further information concerning this matter, please call:		
John John Maldonado Paneto ar 1 407	, 697-6084	
	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section	Street Address:	
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:		

№ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

INHS18 (2/14)