

L24000448247

(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:

Office Use Only



400439126474

11/05/24--01021--007 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV -5 AM 9:33

FILED

Ra Chang

DEC 05 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIPLE NICKEL 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 following:

CLAUDIA VELEZ
Name of Person

TRIPLE NICKEL LLC.
Firm/Company

3039 PERRIWINKLE CIRCLE
Address

DAVIE, FL. 33328
City/State and Zip Code

bfpm2023@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA VELEZ at (305) 244-6917
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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV -5 AM 9:33

FILED

**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 of the limited liability company: TRIPLE NICKEL LLC.
2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- 3039 PERIWINKLE CIRCLE 3039 PERIWINKLE CIRCLE
DAVIE, FL 33328 DAVIE, FL 33328
3. 10/22/2024 4. L24000448247
Date of filing/registration in Florida Document number

5. (a) BLESSED FAMILY PROPERTY MANAGEMENT LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3039 PERIWINKLE CIRCLE
DAVIE, FL 33328

- (b) CLAUDIA VELEZ
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3039 PERIWINKLE CIRCLE
NEW Registered Office Address:

DAVIE, FL 33328

FILED
2024 NOV -5 AM 9:33
TALLAHASSEE
SECRETARY OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Claudia Velez
Signature of a member or authorized representative of a member

CLAUDIA VELEZ
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Claudia Velez
Signature of Registered Agent

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