

M000000000314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

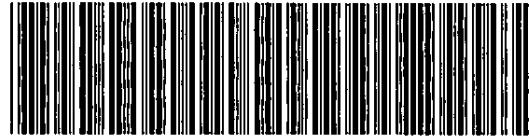
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100259549411

04/29/14--01016--002 **25.00

14 APR 29 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
MAY 9 2014
EXAMINER

PARTRIDGE SNOW & HAHN LLP
COUNSELORS AT LAW

(401) 861-8216
klf@psh.com

April 25, 2014

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

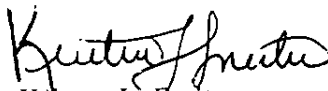
Re: Statement of Change of Registered Agent

Dear Sir/Madam:

Please file the enclosed change of agent for The Herbert L. And Irma Family Company, LLC (Document #M00000000314). A check for \$25.00 is included for the filing fee.

Contact me with any questions or issues with this request.

Sincerely,


Kristen L. Freiter
Paralegal

Enclosures
2062111_1/5673-1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Herbert L. and Irma Bloom Family Company, 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:

Kristen Freiter

Name of Person

Partridge Snow & Hahn LLP

Firm/Company

40 Westminster Street, Suite 1100

Address

Providence, RI 02903

City/State and Zip Code

klf@psh.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Freiter

at (401)

861-8216

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: The Herbert L. and Irma Bloom Family Company, 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**)

161 Pine Glen Drive

66 Varnum Drive

East Greenwich, RI 02818

East Greenwich, RI 02818

2/16/00

M00000000314

3. _____
Date of filing/registration in Florida

4. _____
Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Herbert L. Bloom

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

11706-2 BRIARWOOD CIR.

BOYNTON BEACH, FL 33437

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Irma Bloom

NEW Registered Office Address:

11706-2 BRIARWOOD CIR.

BOYNTON BEACH, FL 33437

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 of the operating agreement of the limited liability company.

Richard Bloom
Signature of a member or authorized representative of a member

Richard Bloom, Manager

Printed or typed name of signee

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.

Irma Bloom
Signature of Registered Agent

APPROVED
AND
FILED
14 APR 29 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA