M07000005544

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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(Do	cument Number)	·
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SUPECTARY OF STATE

J. SAULSBERRY EXAMINER

DEC 3 0 2010

COVER LETTER

TO: Registration Section Division of Corporations		
	ne Maison, LLC ed Liability Company	·
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filin	ıg.
Please return all correspondence concerning this	matter to the following:	
Barbara U. Charlt		
BLANCHE MAISON,	LLC	ELSSE!
1623-43+4 AVE E	:	7075
SEATLE, WA 981 City/State and Zip Code	12-3257	ν
E-mail address: (to be used for future annual report notificate	·· Com	
For further information concerning this matter, placed to the EVANGELISTA TN CORP SERVICES IVC at Name of Person		·
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 am	ount:	
\$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 608.416 or 608.508, 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.

Name of the limited liability company:	Blanche Maison, LLC	
2. (a) Principal office address of limited liability compar	ny:	
(Note: MUST BE STREET ADDRESS)	1623 43rd Ave E #3, Seattle, WA 98112	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		<u> </u>
09/13/2007	M0700000	05544
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida	Dept. of State:
Registered Agent:	AUBREY DALLEN & ASSOCIATES, LI	
Registered Office Address:	235 BASE AVENUE, UNIT #203	
	Venice, FL 34285	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office add	ress:
NEW Registered Agent:	InCorp Services, Inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17888 67th Court North	
(MUSI BE FLURIDA SIREEI ADDRESS)	Loxahatchee	,FL <u>33470</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of amember of the limited liability company or the operations of all statutes relative to the proposition of the provisions of all statutes relative to the proposition of the limited liability company on behalf of InCorp Services, Inc.	Florida street address of the atical. Or, in the case of a F s) was/were authorized by a crwise provided in the articly.	registered office Florida limited an affirmative vote les of organization SSE OF STATE FLORIDA LES OF STATE LE
on behalf of InCorp Services, Inc. Nignature of Registered Agent		

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