M12000004545

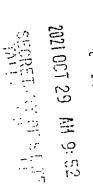
. (Requ	estor's Name)
(Addre	ess)
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(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busir	ness Entity Name)
(Docu	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ing Officer:
	Q. SILAS
	<u> </u>

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10/29/21--01018--026 **270.00



COVER LETTER

	istration Section sion of Corporations			
SUBJECT:	BIG BLONDES LLC			
0000000	Name of Limited Liability Company			
Dear Sir or N	Madam:			
The enclosed	d Registered Agent/Registered Office	Change and f	ee(s) are submitted for filing.	
Please return	n all correspondence concerning this n	natter to the fo	ollowing:	
Melissia K. C	Gauthreaux			
	Name of Person		_	
Accounting I	Resources and Management Services			
	Firm/Company			
P.O. Box 206	55			
	Address		_	
Dunedin, F1.	34697			
	City/State and Zip Code		-	
missy@your	accountingresource.com			
E-mail	address: (to be used for future annual	report notific	ration)	
For further i	nformation concerning this matter, ple	ease call:		
Melissia K. C		727 at (491-5360	
	Name of Person	(Area Code & Daytime Telephone Number	
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee. F1. 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FI, 32303	
Enc	losed is a check for the following an	nount:		
≅ \$	25 Filing Fee	- \$ 5	5 Filing Fee & Certified Copy	

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTER2D 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.

34921 US-19 N Ste 210 Palm Harbor, FL 34684	(b) P.O. Box 1708 Dunedin, Fl 34697
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
08/10/2012	M12000004545
Date of filing/registration in Florida	4. Document number
Accounting Resources and Management Services LLC	
Registered Agent and Registered Office shown on the records	of the Florida Dept, of State:
Registered Office Address (MUST BE FLORIDA STREE	
31105 Us Hwy 19 N	2021 OCT SECRET. FL. 34684 FL. 34684
Palm Harbor	ACC 1
Enter name of NEW Registered Agent and/or NEW Register	red Office address:
NEW Registered Office Address:	
34921 US Hwy 19 N Ste 210	
Palm Harbor	FL ³⁴⁶⁸⁴
e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members licks of organization or the operating agreement of the appointment as revistered agent and a	laws of the State of Florida, it is hereby confirmed that after he registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in he limited liability company. Printed or typed name of signee agree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and act ded for in Chapter 605, F.S. Or, if this document is being fill hereby confirm that the limited liability company has been