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SECRETARY OF STATE

COVER LETTER

	istration Section ision of Corporations					
SUBJECT:	NORTHPORT INDUSTRIAL P	ARK BLENHEIM LE	c			
Name of Limited Liability Company						
Dear Sir or I	Madam:					
The enclose	d Registered Agent/Registered (Office Change and (fee(s) are submitted for filing.			
Please return	n all correspondence concerning	this matter to the f	ollowing:			
FRANK J GU	JIDA					
	Name of Person	- 12·	_			
FRANK J GU	JIDA CPA PA					
	Firm/Company					
500 N MATT	LAND AVE STE 215					
	Address		_			
MAITLAND	FL 32751					
	City/State and Zip Cod	le	_			
-	PACONSULTANT.COM					
E-mail	address: (to be used for future	annual report notific	cation)			
For further i	information concerning this mat	ter, please call:				
FRANK J G	UIDA	407 at (539-0031			
	Name of Person) Area Code & Daytime Telephone Number			
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the follow	ing amount:				
	25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

INH\$18 (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.

1. Na	me of the limited liability company:	NORTHPORT INDU	STRIAL PA	ARK BLENHEIM LLC	
2. (a)	500 N MAITLAND AVE STE 215 MAI	TLAND FL 32751	(b) PO BOX 960368 MAITLAND FL 32794-0368		
- (-)	Principal office address of limited lia			Mailing address of limited liability con (Note: MAY BE POST OFFICE B	
3.	08/31/2020 Date of filing/registration in	Florida	 M200 	000007584 Document number	
	CT CORPORATION SYSTEM				
5. (a)	Registered Agent and Registered Office show 1200 S PINE ISLAND RD Registered Office Address (MUST BE F.	on the records of the l			FILED 2:29
	PLANTATION	, FL_333	324		16-2
(h)	INTERNATIONAL MANAGEMENT &	EXECUTIVE SERV	TCES LLC	\$ 55.7 \$ 82.0	= 1
(b)	Enter name of NEW Registered Agent and/	or NEW Registered Off	ice address:		, is
	500 N MAITLAND AVE SUITE 215				29
	NEW Registered Office Address:				
	MAITLAND	, FL 321	751		
change agent v was/we the arti	or changes are made, the Florida stre vill be identical. Or, in the case of a F	et address of the reg Florida limited liabil of the members of the agreement of the lim	istered offi ity compan ie limited l ited liabilit	of Florida, it is hereby confirmed that fice and the business office of the reginy, it is hereby confirmed that the challiability company or as otherwise provity company. HIA IEONG CORDERATE Printed or typed name of signee	stered nge(s) rided in
noujiec	re of Registered Applit	<u>. </u>		is capacity. I further agree to comply of my duties, and I am familiar with a er 605, F.S. Or, if this document is be a that the limited liability company ha	with the nd accept sing filed s been

FILING FEE: \$25.00