PHU014985

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				



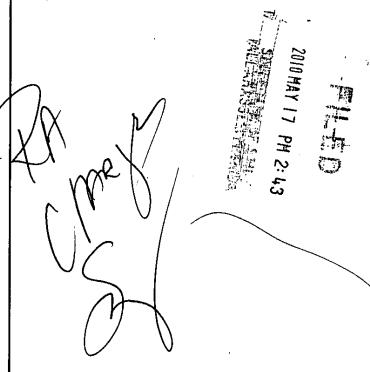
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COVER LETTER

TO:	Amendmen Division of	t Section Corporations					
SUBJE	CCT: B	LB ENTERPRISES OF (CORAL SPRINGS, INC. Corporation				
DOCU	MENT NU	MBER: P04	1000149856				
The end	closed States	ment of Change of Registered Offi	ce/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:							
		JOSEPH S.	LANIA, C.P.A.				
	•	Name of C	ontact Person				
	JOSEPH S. LANIA, C.P.A., P.A. Firm/Company						
		1 111111	Sompany				
		8963 STIBLING	ROAD, SUITE # 1				
	•		dress				
		COOPER CITY	, FLORIDA 33328				
	City/State and Zip Code						
		joe@Lani	aCPA.com				
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
		Joseph S. Lania	954 \ 422 2200				
		ne of Contact Person	at (954) 432-2299 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.							
			200				
		Mailing Address: Amendment Section	Street Address: Amendment Section				
		Division of Corporations	Division of Corporations				
		P.O. Box 6327	Clifton Building				
		Tallahassee, FL 32314	2661 Executive Center Circle				
			Tallahassee, FL 32301				



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2010

JOSEPH S. LANIA, CPA 8963 STIRLING ROAD SUITE #1 COOPER CITY, FL 33328

SUBJECT: BLB ENTERPRISES OF CORAL SPRINGS INC.

Ref. Number: P04000149856

We have received your document for BLB ENTERPRISES OF CORAL SPRINGS INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 710A00011807



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu nange is submitted for a corporation organized under the laws of the State of Flori ler to change its registered office or registered agent, or both, in the State of Florid	ida		
1. The name of t	the corporation: BLB ENTERPRISES OF CORAL SPRINGS,	INC.		
2. The principal	al office address: POST OFFICE BOX 771272 3004 DOLPHIA	J DA	SIVE	
-CORAL SI	SPRINGS, FLORIDA 33077 MIRAMAR, FL 33025-	272	1.3	
-	address (if different): 8424 MIRAMAR PARKWAY 3004 DOLF		DRI	√ £
4. Date of incorp	rporation/qualification: 11/04/2004 Document number: P040		9856	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	Э		
	ALL FLORIDA FIRM, INC. (FRAUD)	r		
	813 DELTONA BLVD., STE A			
	DELTONA, FLORIDA 32725	.		
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered off:		2010 HAY 1	·kr
	JOSEPH S. LANIA, C.P.A.	器是	17	Tai.
	8963 STIRLING ROAD, SUITE # 1		PH	
	P.O. Box NOT acceptable			-
	COOPER CITY, FLORIDA 33328	19 5	44	
The street addre	ress of its registered office and the street address of the business office of its reg	gistered	l agent,	
Such change was	vas authorized by resolution duly adopted by its board of directors or by an officine board, or the corporation has been notified in writing of the change.	cer so		
Disignatu	ROBERT J. LECLAIRE Printed or typed name and title	, JR		
I further agree of my duties, an document is bei	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and completed and I am familiar with and accept the obligation of my position as registered age in gilled merely to reflect a change in the registered office address, I hereby cast been notified in writing of this change.	e perfo ent. Oi onfirm i	rmance r, if this that the	
	APRIL 07, 2010			
Sig	ignature of Registered Agent Date			
If signing on be	pehalf of an entity:			
	JOSEPH S. LANIA Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *