

P11000095475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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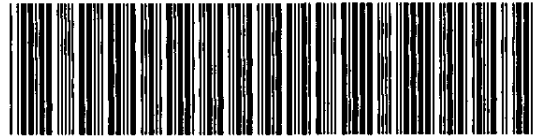
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Blanchard-Lafrance Accounting & Tax, Inc
Name of Corporation

DOCUMENT NUMBER: P11000095475

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marie Michelle Lafrance

Name of Contact Person

Blanchard-Lafrance Accounting & Tax, Inc

Firm/Company

18350 NW 2 Avenue, Suite 320-322

Address

Miami Gardens, FL 33169

City/State and Zip Code

blanchardlafranceaccounting@live.com

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

For further information concerning this matter, please call:

Marie Michelle Lafrance

Name of Contact Person

at (786) 565-9220

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Blanchard-Lafrance Accounting & Tax, Inc
2. The principal office address: 18350 NW 2 Avenue, Suite 320-322, Miami Gardens, FL 33169
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/2/2011 Document number: P000095475

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Marie Michelle Lafrance

1711 NW 191 Street

Miami Gardens, Florida 33056

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Marie Michelle Lafrance

18350 NW 2 Avenue, Suite 320-322

P.O. Box NOT acceptable

Miami Gardens, Florida 33169

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Marie Michelle Lafrance

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

October 24, 2012

Date

If signing on behalf of an entity:

Marie Michelle Lafrance

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)