

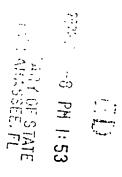
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500432267085

07/08/24--01015--004 ******35.00



07/08/24

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: BL DELIVERY SERVICES INC Name of Corporation	
DOCUMENT NUMBER: P16000031844	
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Robert Lanham	
Name of Contact Person	
BL Delivery Services INC	
Firm/Company	
120 Longview Rd	E A
Address	
Sebring, FL 33870	
City/State and Zip Code	——————————————————————————————————————
lanham696@hotmail.com	-8 PM - STATE FILE STATE -53
E-mail address: (to be used for future annua	ll report notification)
For further information concerning this matter,	please call:
Robert Lanham	954 205.5062
Name of Contact Person	at () 205-5062 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address:	Street Address:
Mailing Address: Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1500 inge is submitted for a corporation organized under the laws of th or to change its registered office or registered agent, or both, in th	e State of Florida	a	———	
- -	the corporation: BL DELIVERY SERVICES INC	e State of Piorial	4.		
2. The principal	office address: 120 LONGVIEW ROAD				
3. The mailing a	address (if different):				
4. Date of incorp	e of incorporation/qualification: 2016 Document number: P16000031844				
	d street address of the current registered agent and registered office tment of State: (If resigned, enter resigned)	e on file with the			
	Robert W. Lanham				
	2139 N Andrews Avenue				
	Fort Lauderdale FL 33311		(A)		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or re	gistered office-	71.	-	
	Robert W. Lanham	HAS HAS	င္မာ		
	120 LONGVIEW ROAD	THE STATE OF THE S	P		
	P.O. Box NOT acceptable SEBRING FL 33870-1431	FL	1: 53	`*=#	
The street addre	ess of its registered office and the street address of the business be identical.	office of its regi	stered	agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of director ae board, or the corporation has been notified in writing of the c	s or by an office hange.	r so		
-Kalls	Robert W. Lanham, Pre	sident			
•	·	ed name and title			
I hereby accept I further agree t of my duties, an document is beit corporation has	the appointment as registered agent and agree to act in this cap to comply with the provisions of all statutes relative to the prope of I am familiar with and accept the obligation of my position as ng filed merely to reflect a change in the registered office addre been notified in writing of this change.	pacity. er and complete eregistered agen ess, I hereby con	perfor it. Or firm th	mance if this iat the	
Rolf	W. Tankan July 1, 20 nature of Registered Agent Do	24			
	half of an entity:	ate			
Ту	ped or Printed Name				

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