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COVER LETTER / / /

_	sion of Corporations					
SUBJECT:	BLACK OCEAN LLC					
nobraci.	Name of Limited Liability Company					
Dear Sir or M	Madam:					
The enclosed	I Registered Agent/Registered Office Cl	nange and	fee(s) are submitted for filing.			
Please return	all correspondence concerning this mat	ter to the	following:			
Sean Bolger	r					
	Name of Person		_			
BLACK OCE	EAN LLC					
	Firm/Company					
806 Douglas	s Rd., Suite 300					
	Address		_			
Coral Gable	s. FL 33134					
	City/State and Zip Code		_			
admin@blad	ckoceanconsultants.com					
E-mail	address: (to be used for future annual re	port notifi	cation)			
For further in	nformation concerning this matter, pleas	e call:				
Sean Bolger	at	786	327-0917			
	Name of Person		Area Code & Daytime Telephone Number			
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Encl	osed is a check for the following amou	int:				
5 \$2	25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy			
INHS18 (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.

l. Na	ame of the limited liability company: BLACK OCE					
. (a)		(b)	_		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of	limited liability company: E POST OFFICE BOX)	
	806 Douglas Rd., Suite 300		806 Douglas Rd., Suite 300			
	Coral Gables, FL 33134		Coral Gables, FL 33134			
	01/08/2024		L240000	19580		
	Date of filing/registration in Florida	4,		Document nun	ıber	
, (a)						
. ()	Registered Agent and Registered Office shown on the record	s of the Florid	a Dept. of S	State:		
	Sean Bolger					
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>S)</u>			
	1607 Ponce de Leon Blvd., PHC				202	
	Coral Gables	FL 33134	33134		2024 APR 24	
				·	RILED R24 AF	
(b)					·· 🛴 📶	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office ac	ldress:		AMIII:	
					\sim	
	NEW Registered Office Address:				9	
	806 Douglas Rd., Suite 300	~ · · · · · · · · · · · · · · · · · · ·				
	Coral Gables	FL 33134				
	minut Bakillan				_	
nange	mited liability company is not organized under the or changes are made, the Florida street address of	the register	ed office :	and the business o	ffice of the registered	
gent w	will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member	l liability co	moany i	t is herehy confirn	ned that the change(s)	
ie arti	eles of organization or the operating agreement of t	he limited	nted Habi liability co	my company or as ompany,	s otherwise provided in	
		Se	an Bolgei	г		
Signat	ure of a member or authorized representative of a member			Printed or typed n	iame of signee	
e obli mere	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple igations of my position as registered agent as providive reflect a change in the registered office address, I in writing of this change.	agree to act de perform ded for in (I hereby co	in this ca ance of m Thapter 6 onfirm tha	ppacity, I further to v duties, and I am 05, F.S. Or, if this ut the limited liabil	agree to comply with the familiar with and accep s document is being filed lity company has been	
ionatur	e of Registered Agent					