

8/26/2020

Division of Corporations

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone : (850)521-0821

Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE

BLACK CACTUS GLOBAL INC.

Certificate of Status	0
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Page Count	02
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C. GOLDEN

AUG 29 2020

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLACK CACTUS GLOBAL INC.
Name of Corporation

DOCUMENT NUMBER: P13000032203

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:

Scott M. Miller, Esq.

Name of Contact Person

Sullivan & Worcester LLP

Firm/Company

1633 Broadway

Address

New York, NY 10019

City/State and Zip Code

smiller@sullivanlaw.com

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

For further information concerning this matter, please call:

Scott M. Miller, Esq. _____ at (212) 660-3076
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

BLACK CACTUS GLOBAL INC.

1. The name of the corporation: _____
 0. The principal office address: **207 W. Division Street, Suite 137, Chicago, IL 60622**

2. The mailing address (if different): _____
 3. Date of incorporation/qualification: **April 8, 2013** Document number: **P13000032203**
 4. 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)

Jocelyn Nicholas

3811 Alden Way

Sarasota

FL 34232

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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

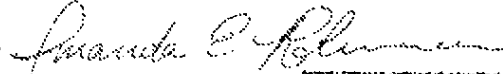
Lawrence P. Cummins

CEO

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.

Corporation Service Company

By: 

0826/2020

Date

If signing on behalf of an entity:

Amanda Robinson

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

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