I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD GOSSETT

Electronic Signature of Signing Authorized Person(s) Detail

PORT ST LUCIE, FL 34953 **Current Mailing Address:**

Current Principal Place of Business:

Entity Name: BLACKBOAT MANIFEST, LLC

4213 SW UTTERBACK ST PORT ST LUCIE. FL 34953 US

FEI Number: 45-4010301

4213 SW UTTERBACK ST

Name and Address of Current Registered Agent:

GOSSETT, RICHARD R 4213 SW UTTERBACK ST PORT ST LUCIE, FL 34953 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	GOSSETT, RICHARD	Name	GOSSETT, PAULA
Address	4213 SW UTTERBACK ST	Address	4213 SW UTTERBACK ST
City-State-Zip:	PORT ST LUCIE FL 34953	City-State-Zip:	PORT ST LUCIE FL 34953

01/17/2017 MANAGER

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L11000138515

FILED Jan 17, 2017 Secretary of State CC3615699270

Certificate of Status Desired: No

Date

Date