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**B. KOHR** 

OCT 19 2009

**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blackport Juvesto Name of Limited	nent Group, LLC Liability Company
Dear Sir or Madam:	•
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Dale S. Wood  Name of Person	
Blackport Juvestment Gro	up, LLC
901 SE 17th Str Swife	206
Fort Landerdale, FL 3. City/State and Zip Code	
E-mail address: (to be used for future annual report notification	<del>/</del>
For further information concerning this matter, plea	se call:
Dale S. Wood at (5	370 0G00
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amo	unt:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of the limited liability company: Blackpor	t Juvestment Group, LCC
2. (a) Principal office address of limited liability compar	an or only other City and
(Note: MUST BE STREET ADDRESS)	Fort Landerdale, FL 33316
(b) Mailing address of limited liability company:	901 SE 17th Str Swife 206
(Note: MAY BE POST OFFICE BOX)	Fort Landerdale, FL 33316
08/24/2009	L 09000081466
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	and the second of the second o
Registered Agent:	Dale S. Wood
Registered Office Address:	130 & University Drive-Suife B Plantation
(b) Enter name of NEW Registered Agent and/or NI  NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	901 SE 17th Str Suife 206 Fort Landerdale ,FL 33316
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited is was/were authorized by an affirmative voice erwise provided in the articles of office nization.
Signature of a member or authorized representative of a member	P POL
Dale S. Wood  Printed or typed name of signee	agree to act in this canacity. I further agree to
Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to a address, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.