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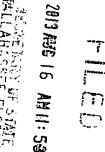
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Copies Certificates of Status	
Special Instructions to Filing Officer:		
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Black & Black Consulting Services, LLC  Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning to	his matter to the following:	
Harold L Harkins, Jr. Name of Person	<b>2018</b>	
Harkins & Associates, Inc.	AHASSEC	
3450 Buschwood Park Dr. Ste	112 S8	
Tampa, FL 33618 City/State and Zip Code		
Marolda harkins office. C E-mail address: (to be used for future annual report no	or Y) stification)	
For further information concerning this matter	er, please call:	
Harold L. Harkins, Jr. Name of Person	at ( 813 ) 933-7144  Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followin	g amount:	
\$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:

Black & Black Consulting Services, LLC

2. (a) Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Lutz. FL 33549

(b) Mailing address of limited liability company:

1648 Wallace Rd3

(Note: MAY BE POST OFFICE BOX)

Lutz, FL 3549

08/25/2009

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1648 WallaceRd.

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Bush Ross Registered Agent Services

Registered Office Address:

1801 N. Highland Ave Tampa, FL 33602

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

**NEW** Registered Agent:

Harold L. Harkins, Jr.

**NEW** Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

Harkins & Associates

3450 Buschwood Park Dr. Ste. 112

Tampa

.FL33618

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

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Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00** 

INHS18 (05/08)