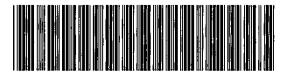
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(Requestor's Name)							
(Address)							
(Address)							
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PICK-UP WAIT MAIL							
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01/05/16--01003--006 **25.00



J. HARRIS

COVER LETTER

Division of Corporations							
SUBJECT: Black Pain Partners Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Cynthia Blackwell Name of Person							
Black Rain Partners Firm/Company							
145 Middle Street Suite IIII Address							
Lake Mary, FL 32744 City/State and Zip Code							
C. blackuell ablack rain partners. Con E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Cyrthia Blackwill at (UD) 312-2488 Name of Person Area Code & Daytime Telephone Number							
Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: MAILING ADDRESS:							

Enclosed is a check for the following amount:

\$25 Filing Fee

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

INHS18 (2/14)

TO:

Registration Section

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.

i. Na	me of the limited liability company: Black Re	ain	Par.	mers,	LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)		Tailing address of lin	mited liabilit	y company:
	Lake Mary, fr 3274le	-	<u>lake</u>	Many.	FL 3	2746
	9/24/09	_	<u>LO</u>	90000	92	586
 (a) 	Date of filing/registration in Florida Amy PennalL	4.		Document numb	per	
J. (a)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	:		
	145 Middle St Su	te /10	′/			
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS)	- · ·			
(b)	Lake May, FL (ynthia Black well Enter name of NEW Registered O				ALLAHASSEE EL	
	NEW Registered Office Address:	11			IAIE 08:0A	
	Lake mary , FL	32	14 Li			-
the cha agent w was we the arti Signat I herel provisi the obli to mare notified	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization of the operating agreement of the liabilities of a member or authorized representative of a member on a member of a member of all statutes relative to the proper and complete properties of my position as registered agent as provided in writing of this change.	he regist oility con the limi mited li	tered office mpany, it is ted liability com	and the busines hereby confirm company or as pany. Printed or typed na	s office of ed that the otherwise me of signee	the registered change(s) provided in