L10000 110490

(Req	uestor's Name)	<u> </u>
(Add	ress)	
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(City/	/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blad	CKROCK GLobal, LLC Name of Limited Liability Company
Dear Sir or Madam:	·
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
Mich ne Name of	L CLOWER Person
and the state of t	h street, ste 204
Day tona Beach	S
E-mail address: (to be used	O AOL. Com Tor future annual report notification)
For further information concerning	at (407) 353 - 9779 Area Code & Daytime Telephone Number
STREET/COURIER AND Registration Section Division of Corporations Clifton Building 2661 Executive Center Cl Tallahassee, Florida 3230	Registration Section Division of Corporations P.O. Box 6327 Ircle Tallahassee, Florida 32314
Enclosed is a check for t	the following 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 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

1. Na	me of the limited liability company: Black Rock Ghobal, LLC
2. (a)	300 N Atlantic Are STE 707 (b) Po. Box 192794
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Daytona Boach, FL 3218 San Flaggisco, CA 94119
3.	10/22/20/0 L 10000110490 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:
	2520 WOODGATE BLVD Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	APT. 104
	APT. 104 ORLANDO FL 32822 TO Michael Claulon 500
(b)	D. Michael clower, Esa
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	D. Michael Clower, ESQ Enter name of NEW Registered Agent and/or NEW Registered Office address: 224 South Brach Street, STE 204
	NEW Registered Office Address:
	Daytona Beach FL 32114
the cha	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
mc an	YING NEMEROFF
Signi	nture of asmember or authorized representative of a member Printed or typed name of signee
I here provis the ob to mer notifie	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the jons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept in some of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been a finitely in this change.

Signature of Registered Agent