L12 0000 18740

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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Certified Copies	Certificates	of Status			
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Special Instructions to Filing Officer: Trumplete form					

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SE ATTY OF STATE CORPORATION

Ra Change

OCT 28 2020 D CUSHING

COVER LETTER

TO:	Registration Section		
	Division of Cornoration		

imited 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:

hinned 1 @ gnail . Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nigra Sm1+4 at (772) 285-1361
Name of Person Area Code & Daytime Telephone Number

<u> Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Enclosed is a check for the following amount:

S25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

alleady Sent 7/20/2020 CH 1001 \$25



September 17, 2020

DON MANCIL JR. IN THE BLACK, LLC 5701 SW SUNSHINE FARMS WAY PALM CITY, FL 34990

SUBJECT: IN THE BLACK, LLC Ref. Number: L12000018740

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

JEARLD H QUICK OPS

Letter Number: 420A00017733

7/20/2020 Ct# 1001 \$25

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.

1. Na	me of the limited liability company: IN THE BLACK	L LLC			
2. (a)	5701 8W Sunshine Faxms	warkp)_			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Palm City FL 3490	<i>70</i> _			
	6106/00/50		C12000018740		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records o		ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		D3 - 75 -	
	5701 SW SUNSHINE FARMS WAY			20 G	
	PALM CITY , F	L		26	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addre	·SSS:	Y OF STATE SPECKATION	
	NEW Registered Office Address: 5701 Sw Sunshine Fo	arms	Way		
	Palm City F	L 349	990		
change agent w was/we	mited liability company is not organized under the la or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited li- ire authorized by an affirmative vote of the members cles of organization of the operating agreement of the	e registered of the composite of the limited liab	office and the business office of bany, it is hereby confirmed that d liability company or as otherw	the registered the change(s)	
Signat	ure of a member or curporized representative of a member		Printed or typed name of sig	gnee	
provision the oblication mere notified	ov accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change.	ree to act in e performance ed for in Cha hereby confi	this capacity. I further agree to be of my duties, and I am familian pter 605, F.S. Or, if this docum firm that the limited liability com	comply with the r with and accept ent is being filed pany has been	
Signatur	re of Registered Agent				