LBOCCE	8143		
(Requestor's Name) (Address) (Address)	800314722388		
(City/State/Zip/Phone #)	06,/18/1801039023 ★★25.00		
(Document Number) Certified Copies Certificates of Status	RECEIVED JUN 1 8 2018		
Special Instructions to Filing Officer:	JUN 2 0 2018 S. YOUNGFLORIDA S. YOUNGFLORIDA		

-	COVER LETTER	
TO: Registration Section Division of Corporations	# #	
Black Hole Makers LLC		
	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for fi	iling.
Please return all correspondence concerning this	matter to the following:	
Joseph M Danielle		
Name of Person		
Income Tax & More		ALL ALL
Firm/Company		, AHA
2800 Aurora Rd Ste C		I B SSE
Address		2,90,2 8,90,2 8,90,2
Melbourne, FL 32935		ORIDA CORIDA
City/State and Zip Code		
joe@daniellebusiness.com		
E-mail address: (to be used for future annu	al report notification)	
For further information concerning this matter, p	lease call:	
Joseph M Danielle	321 751-2400	
Name of Person	Area Code & Daytime	Felephone 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 following a	mount:	
☑ \$25 Filing Fee	\$55 Filing Fee & Certified	Contraction

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

Pursuani 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. Ni	ame of the limited liability company: Black Hol	le Makers	LLC	
2. (a)	Principal office address of limited liability company			
	Principal office address of limited hability company (<u>Note: MUST BE STREET ADDRESS</u>)	<u>y:</u>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2752 Aurora Rd		2752	Aurora Rd
	Melbourne, FL 32935		Melbo	ourne, FL 32935
	06/07/2013		L13000	008 5 143
3.	Date of tiling/registration in Florida	4.		Document number
5. (a)	United States Corporation Agents Inc			
5. (a)	Registered Agent and Registered Office shown on the recor	ds of the Flori	da Dept. of S	itate:
	13302 Winding Oak Court A			
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRE:	<u></u>	 ·
				TAL 18
	Tampa	FL_3361	2	
(b)	Joseph M Danielle		,	ASSEE
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	tered Office a	<u>ddress</u> :	FLORIDA
	<u>NEW</u> Registered Office Address:			
	2800 Aurora Rd Ste C			_
	Melbourne	FL_3293	5	
he cha agent w was/we	mited liability company is not organized under the nge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite re authorized by an affirmative vote of the memb cles of organization or the operating agreement of	ss of the reg ed liability o ers of the li f the limited	istered off company, i nited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Signa	the of a member or authorized representative of a member			Printed or typed name of signee
provisio he obh o mere	iv accept the appointment as registered agent and ons of all statutes relative to the proper and comp ignitions of my position as registered agent as pro by reflect a change in the registered office addres fin writing of this change.	l agree to a olete perfori wided for in ss. I hereby	et in this ca nance of na Chapter 6 confirm the	apacity. I further agree to comply with the wedates, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Signatui	e fi Registered Agent	-		
	Division of Corporations• P.	.O. Box 632	.7• Tallah	assee, FL 32314

FILING FEE: \$25.00

(14) אואטאו