

L13 000 146204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

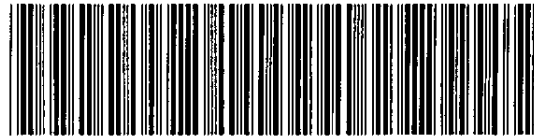
(Business Entity Name)

(Document Number)

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2015 JUL 10 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JUL 13 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Black Gold Group LLC

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:

Wayne McCoy

Name of Person

Black Gold Group LLC

Firm/Company

6621 Southpoint Dr N Suite 200

Address

Jacksonville, FL 32216

City/State and Zip Code

admin@mccoyandcompany.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline Pippin

at ( 904 ) 497-4800

Name of Person

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 following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 JUL 10 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 29, 2015

WAYNE MCCOY  
6621 SOUTHPOINT DR N. SUITE 200  
JACKSONVILLE, FL 32216

SUBJECT: BLACK GOLD GROUP LLC  
Ref. Number: L13000146204

We have received your document for BLACK GOLD GROUP LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current Registered Agent must be listed in part 5 (a). The new Registered Agents name must be listed in part 5 (b).

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) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 615A00012363

*\*Please see the corrections*

**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. Name of the limited liability company: Black Gold Group LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

6621 Southpoint Dr N Suite 200

Jacksonville, FL 32216

03/19/2014

~~L14000045874~~

L13000146204

3. \_\_\_\_\_ Date of filing/registration in Florida 4. \_\_\_\_\_ Document number

5. (a) ~~Wayne McCoy~~ Simon Rothstein  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

~~Wayne McCoy~~

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

~~9210 Cypress Green Dr~~ 4417 Beach Blvd Suite 104

Jacksonville, FL ~~32256~~ 32207

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

NEW Registered Office Address:

6621 Southpoint Dr N Suite 200

Jacksonville, FL 32216

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2015 JUL 10 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

M. McCoy

Signature of a member or authorized representative of a member

Wayne McCoy

Printed or typed name of signer

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 605, 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.

M. McCoy

Signature of Registered Agent

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