

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG, KOCHE & FOSTER

Account Number : 072731001155 Phone : (813)253-2020 Fax Number : (813)251-6711

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE BLACK HOLE INVESTMENTS LLC

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## STATEMENT OF OF ANGE 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.

Mai	ne of the limited liability company: BLACK HOLE	INVESTMENT:	S LLC		
	300 BEACH DRIVE NE	(b) 300 BEACH DRIVE NE			
(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SUITE 1	SUITE 1 ST. PETERSBURG, FLORIDA 33701			
	ST. PETERSBURG, FLORIDA 33701				
	2/20/2014	L140000	29499	<u>.</u>	
	Date of filing/registration in Florida	4.	Document number	-	
	KENNETH R ARSENAULT			• 2	
. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Str	ite:	(5	
	19535 GULF BLVD			C	
	Registered Office Address	ADDRESS)	_		
	INDIAN SHORES F	33785	_		
(b)	CHARLES R. DARST  Enter name of NEW Registered Agent and or NEW Registered Office address:  300 BEACH DRIVE NE				
	NEW Registered Office Address:		<del></del>		
	SUITE 1	·	_		
	ST. PETERSBURG, FLORIDA , F	L_33701	_		
he ch igent	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members licles of organization or the operating agreement of the	liability company, i of the limited liabi	t is hereby confirmed th lity company or as othe ompany.  R. DARST	nat the change(s) rwise provided in	
Sign	ature of a member or authorized representative of a member		Printed or typed name o	l signee	
I her provi. the ol to me notifi	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple oligations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	gree to act in this co le performance of n led for in Chapter 6 I hereby confirm th	apacity. I further agree w duties, and I am fami 505, F.S. Or, if this doc at the limited liability c	e to comply with the liar with and acce ument is being file ompany has been	