115000075913

(Requestor's Name)				
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
PICK-UI	P WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer.				

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ATTABLESSECTIONDA

S. WARREN 'JUN 2 0 2017

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	Division of Corporations				
SUBJECT:	Black Creek Diesel Performance				
SOBSECT.	Name of Limited Liability Company				
Dear Sir or I	Madam:				
The enclosed	d Registered Agent/Registered Offi	ce Change and fe	c(s) are submitted for filing.		
Please return	all correspondence concerning thi	s matter to the fo	Howing:		
Danielle M	1 Blow				
	Name of Person	<u> </u>	•		
Black Cree	ek Diesel Performance				
	Firm/Company		•		
955 Villag	e Green Dr				
	Address		•		
Jacksonvil	lle, FI 32234				
	City/State and Zip Code				
blackcreel	<904@comcast.net				
E-mail	address: (to be used for future annu	ial report notifica	ition)		
For further in	nformation concerning this matter,	olease call:			
Danielle M	Blow	904	314-7895		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divis Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle thassee, Florida 32301	Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314		
Enclosed is a check for the following amount:					
2 1 \$2	25 Filing Fee	3 \$55 1	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 Florida.

1. N	ame of the limited liability company: Black Creek L	Diesel Perform	nance	
2. (a)	1023 Lane Ave N	(b) 955	(b) 955 Village Green Dr	
(,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Jacksonville, FI 32254	Jacks	sonville, FI 32234	
	04/29/2015	L1500	0075913	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Danielle M Blow			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 955 Village Green Dr Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<u> </u>	
	Jacksonville FL	32234	FILI 17 JUN 19	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	PM 3: 55	
	NEW Registered Office Address:			
	1023 Lane Ave N			
	Jacksonville, FL	32254		
the cha agent v was/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered of ability company, If the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) fility company or as otherwise provided in	
	4 12 270	Adam J W	/eeks	
	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obi to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h I in writing of this change.	nertormance of i	my duties, and Lam familiar with and accept	
Signam	re of Registered Agent			