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(Re	equestor's Name)	
(Ád	dress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	·
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BLACK BEAR TNVESTMENTS 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:
TERRENCE R. HUSTON Name of Person
Black BEAR INVESTMENTS LLC Firm/Company
13450 NE 1005T. Address
Williston, I-loning 32696 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (352) 528, 83/4 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

355 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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

riori	
1. 1	Name of the limited liability company: Black BLAR PNVESTMENTS LLC
2. (a	13450 NE 100 ST. (b) 13450 NE 100 ST
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	WILLISTON, F1. 32696 WillisTON, F1
	32696
_	NOVEMBE 9,2015 L15000189952
3.	Date of filing/registration in Florida 4. Document number
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	17888 67 COURT NORTH
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	LOXAHAT CHEE, F1, 33470
	1-0xAHATCHGE ,FL 33470
(b	TERRENCE TO HUSTON
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	13450 NE 100 ST.
	NEW Registered Office Address:
	Williston, FL 32696
If the	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
agen	nange or changes are made, the Florida street address of the registered office and the business office of the registered 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 ticles of organization or the operating agreement of the limited liability company.
	Terrence R Magrow Printed or typed name of signee
I her prove the o	reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed trely reflect a change in the registered office address, I hereby confirm that the limited liability company has been ted in writing of this change.
Signa	ture of Registered Agent