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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : PETERSON & MYERS PA  
Account Number : I20080000078  
Phone : (863)294-3360  
Fax Number : (863)299-5498

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

Email Address: bradford.peters@gmail.com

LLC REGISTERED AGENT CHANGE  
BLACKFIN MEDICAL, LLC

Certificate of Status	0
Certified Copy	0
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Blackin Medical, 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:

Bradford G. Peters  
Name of Person

Firm/Company

44 South Stanwich Road  
Address

Greenwich, Connecticut 06931  
City/State and Zip Code

bradford.peters@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bradford G. Peters at 917 842-7530  
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

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**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: Blackin Medical, LLC

2. (a) 133 Seabreeze Avenue (b) 133 Seabreeze Avenue  
Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

Palm Beach, Florida 33480 Palm Beach, Florida 33480

3. 12/21/2017 4. L17000260023  
Date of filing/registration in Florida Document number

5. (a) Bradford G. Peters  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
133 Seabreeze Avenue  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Palm Beach, FL 33480

(b) Andrea Trevino  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Synergy Health Partners  
NEW Registered Office Address:  
6415 Lake Worth Road, Suite 102  
Lake Worth, FL 33463

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.

[Signature] Bradford G. Peters  
Signature of a member or authorized representative of a member 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.*

[Signature]  
Signature of Registered Agent