



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000284859 3)))



H190002848593ABCD

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From:  
Account Name : PETERSON & MYERS PA  
Account Number : 120080000078  
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
Page Count	02
Estimated Charge	\$25.00

RECEIVED  
2019 SEP 23 AM 10:28

SEP 23 2019

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS

SEP 24 2019

Sep. 23. 2019 4:10PM

No. 1306 P. 2

((H19000284859 3)))

**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

INHS18 (2/14)

((H19000284859 3)))

((H19000284859 3)))

**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

12/21/2017

L17000260023

3. Date of filing/registration in Florida

4. 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 of a member or authorized representative of a member

Bradford G. Peters

Printed or typed name of signee

*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 of Registered Agent