N1800004119

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone	:#)
	(Business Entity Nam	ne)
	(Document Number)	
Certified Copies	Certificates	of Status
Special Instruction	ons to Filing Officer:	
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7/7/22

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2022

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47.

AGILE LEGAL 651 N. BROAD STREET SUITE 308 MIDDLETOWN, DE 19709

SUBJECT: BLACKSHIELD ENTERPRISES FL, LLC Ref. Number: L18000041119

We have received your document and check(s) totaling \$280.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 722A00010718

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FLORIDA DEPARTMENT OF S	AUG 1.6 2022	'

Division of Corporations

July 27, 2022

AGILE LEGAL 651 N. BROAD STREET SUITE 308 MIDDLETOWN, DE 19709

SUBJECT: BLACKSHIELD ENTERPRISES FL, LLC Ref. Number: L18000041119

We have received your document and check(s) totaling \$280.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 422A00016825

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Blackshield Enterprises FL, 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:

Hanna Wolf or Joshua Ginter

Name of Person

Agile Legal

Firm/Company

651 N. Broad Street, Suite 308

Address

Middletown, DE 19709

City/State and Zip Code

compliance@agilelegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hanna Wolf or Joshua Ginter	302 at (376-6710
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

Enclosed is a check for the following amount:

🖬 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

2022 AUG 1 6 AM 10: 0

ALLAHASSEE.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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.

	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)
	7901 4th SUN Ste 300		7901-4th St N Ste 300
	St. Petersburg, FL 33702		St. Petersburg, FL 33702
	2/14/2018		L1800(X 141119
	Date of filing/registration in Florida	 -1.	Document number
:1}			
	Registered Agent and Registered Office shown on the records of	the Florid:	da Dept. of State;
	Global Virtual Agent Services, Inc.		202 202
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	
	1408 Harbour Walk Road		
	Fampa Fl		
)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	ddress:
	Universal Registered Agents, Inc.		
	NEW Registered Office Address	. <u> </u>	
	1317 California Street		
		32304	

the articles of organization or the operating agreement of the limited liability company. Edward ernobon Signature of a member or authorized representative of a member 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. Thereby confirm that the limited liability company has been notified in writing of this change.

1 Signature of Register Gragem

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Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314 **FILING FEE: \$25.00**