## 118000053514

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(Ád	Idress)				
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## **COVER LETTER**

TO: Registration Division of 0							
Black'	s Island Club, LLC						
	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registe	ered Agent/Registered Office	Change and fe	e(s) are submitted for filing.				
Please return all corr	espondence concerning this	matter to the fol	lowing:				
Scott Seymour							
	Name of Person		•				
Manager							
	Firm/Company						
2049 State Road	30A						
	Address						
Port St Joe, FL							
	City/State and Zip Code		•				
sseymour@byt.e	mail						
E-mail address	: (to be used for future annua	il report notifica	ition)				
For further informati	on concerning this matter, p	lease call:					
Scott Seymour		678	776-3465				
Nan	ne of Person		Area Code & Daytime Telephone Number				
Registration Division of C Clifton Build 2661 Execut	Corporations	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314				
Enclosed is	a check for the following a	mount:					
☑ \$25 Filing	3 Fee	<b>□</b> \$55	Filing Fee & Certified Copy				

INHS18 (2/14)

## 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.

me of the limited liability company:  2049 State Road 30A		2040.54			
	r (r	) 2049 St	ate Road 30A		
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			-	
2/28/2018  Date of filing/registration in Florida	 - 4.	L1800005			
William Koran					
	he Florida	a Dept, of State	- c:		
Registered Office Address (MUST BE FLORIDA STREET A	IDDRESS	<u> </u>	-		
Port St Joe . FL	32456		<del>-</del>	20	
Mark K. Logan c/o Sniffen & Spellman PA  Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldress:	VAL LAHASSE		1
NEW Registered Office Address:			_t.; (	\ \frac{1}{2}	
123 North Monroe Street			-	0	
Tallahassee, FL	32301		_		
ange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reginability confirmated	stered office ompany, it in dited liability liability con	e and the business offices hereby confirmed that by company or as otherwing any.  ur, Manager	e of the re the chan ise provi	egistered ge(s)
ons of all statutes relative to the proper and complete ligations of mr position as negistered agent as provided ely effect a dhange in the registered office address, I have a few properties of the control of this change.	perform d for in dereby c	ance of my Chapter 60: onfirm that	duties, and I am Jamilia 5, F.S. Or, if this docur the limited liability con	comply r with an ent is be pany has	with the id accept ing filed s been
	Date of filing/registration in Florida  William Koran  Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET AND 301 Monument Avenue)  Port St Joe , FL.  Mark K. Logan c/o Sniffen & Spellman PA  Enter name of NEW Registered Agent and/or NEW Registered  NEW Registered Office Address:  123 North Monroe Street  Tallahassee , FL.  imited liability company is not organized under the law large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of coles of organization or the operating agreement of the law accept the appointment as registered agent and agreedly reflect a ghangeling the registered agent as provided in writing by they changed the of Registered Agent.  Division of Corporations P.O. In the proper and complete is a great and agent and agent and many and the registered agent as provided and writing by they changed.	Date of filing/registration in Florida  William Koran  Registered Agent and Registered Office shown on the records of the Florida  Registered Office Address (MUST BE FLORIDA STREET ADDRESS  301 Monument Avenue  Port St Joe , FL 32456  Mark K. Logan c/o Sniffen & Spellman PA  Enter name of NEW Registered Agent and/or NEW Registered Office address:  123 North Monroe Street  Tallahassee , FL 32301  imited liability company is not organized under the laws of the inge or changes are made, the Florida street address of the registered by an affirmative vote of the members of the linited so of organization or the operating agreement of the limited liability company is not organized under the laws of the registered by an affirmative vote of the members of the linited so of organization or the operating agreement of the limited so of all stratites relative to the proper and complete perform by accept the appointment as registered agent as provided for investment of all stratites relative to the proper and complete perform by accept the appointment as registered agent as provided for investment of the proper and complete perform which is changed in the registered office address, I hereby communication of the proper and complete perform writing pythis changed.  Pivision of Corporations P.O. Box 632	Date of filing/registration in Florida  William Koran  Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  301 Monument Avenue  Port St Joe , FL 32456  Mark K. Logan c/o Sniffen & Spellman PA  Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:  123 North Monroe Street  Tallahassee , FL 32301  imited liability company is not organized under the laws of the State of Flunge or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is the real authorized by an affirmative vote of the members of the limited liability color or the operating agreement of the limited liability company is of all statutes relative to the proper and complete performance of my ingulians of my position as legistered agent as provided for in Chapter 60, elevy effect a dynange in the registered office address, I hereby confirm that the of Registered Agent as provided for in Chapter 60, elevy effect a dynange in the registered office address, I hereby confirm that the of Registered Agent as provided for in Chapter 60, elevy effect a dynange in the registered office address, I hereby confirm that the proper and complete performance of my ingulations of my position as legistered agent as provided for in Chapter 60, elevy effect a dynange in the registered office address, I hereby confirm that the of Registered Agent	Date of filing/registration in Florida 4. Document number  William Koran  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  301 Monument Avenue  Port St Joe , FL 32456  Mark K. Logan c/o Sniffen & Spellman PA  Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:  123 North Monroe Street  Tallahassee , FL 32301  Tallahassee , FL 32301  Tallahassee , FL 32301  Tallahassee , FL 32301  Scott Seymour, Manager    Printed or typed name of site of organization or the operating agreement of the limited liability company or as otherwise of organization or the operating agreement of the limited liability company.  Scott Seymour, Manager    Printed or typed name of site of a member of a member of a proposition of the proper and complete performance of my duties, and I am familiar inguisings of pin position at negistered agent and agree to act in this capacity. I further agree to one of all praguites relative to the proper and complete performance of my duties, and I am familiar inguisings of pin position at negistered agent and provided for in Chapter 615, F.S. or (in his document of the proper and complete performance of my duties, and I am familiar inguisings of pin position at negistered agent approvided for in Chapter 615, F.S. or (in his document of the proper and complete performance of my duties, and I am familiar inguisings of pin position at negistered agent approvided for in Chapter 615, F.S. or (in his document of the proper and complete performance of my duties, and I am familiar inguisings of pin position at negistered agent approvided for in Chapter 615, F.S. or (in his document of the proper and complete performance of my duties, and I am familiar inguisings of my position at negistered agent approvided for in Chapter 615, F.S. or (in his document of the proper and complete performance of my duties, and I am familiar inguisings of my position at negistered	Date of filing/registration in Florida 4. Document number  William Koran  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  301 Monument Avenue  Port St Joe , FL 32456  Mark K. Logan c/o Sniffen & Spellman PA  Enter name of NEW Registered Agent and/or NEW Registered Office address:  123 North Monroe Street  Tallahassee , FL 32301  Immited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that tinge or changes are made, the Florida street address of the registered office and the business office of the registered office of the Immited liability company or as otherwise provices of organization or the operating agreement of the limited liability company or as otherwise provices of organization or the operating agreement of the limited liability company. If purther agree to comply only only of all arequires relative to the proper and complete performance of my duties, and I am familiar with an ignation of my position as fegistered agent as provided for in Chapter 605, F.S. Or. If his document is be all of the proper and complete performance of my duties, and I am familiar with an ignation of my position as fegistered agent as provided for in Chapter 605, F.S. Or. If his document is be all of the proper and complete performance of my duties, and I am familiar with an ignation of my position as fegistered agent as provided for in Chapter 605, F.S. Or. If his document is be all of the proper

INHS18 (2/14)