118000087792

(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
(Ci	ty/State/Zip/Phone	• #)
(Oil	y otatorzipii ilone	· ·· ;
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



800312026768

04/19/18--01012--005 **25.00

Y SULKER APR 2 0 2018

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Black sheep coston works 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:		
Kristopher Gross Name of Person		
Black sheep custom works LLC Firm/Company		
Address Address		
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 (863) 934-4599 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:		
Statis Filing Fee \$\text{S55 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.

1. Name of the limited liability company: Black Sheap Custon Works ILC
2. (a) 3599 Pioneor Trls Or (b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Lakeland FL 331810
N
4-6-18 1 18000087792
3. Date of filing/registration in Florida 4. Document number
5. (a) NEGAN Gross
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3599 Pionear THS Dr
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Laveland FL 33810
(b) Wistopher Gross
Enter name of NEW Registered Agent and/or NEW Registered Office address:
3599 Pioneer Trls Dr
NEW Registered Office Address:
Laveland FL 33810
. FL
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 Printed or typed name of signee
thereby 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

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