## L18000256745

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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R. WHITE
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Blackhause Athletics 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:		
Brent Black Name of Person		
Blackhuse Athletics Firm/Company	<del></del>	
111 U. Orange Ave. Suite 200		
Ovicuado FL 32801 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Brent Black at (5)		
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	

## 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: 1	e Athletics LC	
2. (a) 687 Carriage hase lane (b)	III W. Orcurge Ave.	
Principal office address we limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of linfited liability company: (Note: MAY BE POST OFFICE BOX)	
apt 408	Furte 800	
17-tem sonte sonnos, FL 32714 (	Wardo, FL 32801	
11/1/2018 L	1800256745	
3. Date of filing/registration in Florida 4.	Document number	
5. (a) Whited States Corporation Ha Registered Agent and Registered Office shown on the records of the Florida De	ents, Inc.	
5575 S. Semoran Blyd Suff?	غار ا	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	— <del>1</del>	
<u>orlando</u> . FL 328	22	
Brand R Black		
(b) 1) YEV + H D IQCK Enter name of NEW Registered Agent and/or NEW Registered Office address	<u>ss:</u>	
	. → A	
111. U. Orange Hve.	———	
NEW Registered Office Address:	12	
- Suite 800		
Orlando FL 328	0]	
	red office and the business office of the registered bany, it is hereby confirmed that the change(s) deliability company or as otherwise provided in illity company.	
Signature of a member or authorized representative of a member Printed or typed name of signee  I have by account the approintment as projectored over a member and over a to get in this approint. I further agree to comply with the		

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