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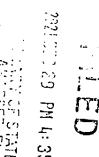
(Requestor's Name)	
(Address)	400378639
(Address)	, , , , , , , , , , , , , , , , , , , ,
(City/State/Zip/Phone #)	12/29/2101010
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO:	Registration Section Division of Corporations		
	Division of Corporations		
SUBJ	ECT: BLACKSHIRE HOLDINGS	GROUP, LLC	
	Nan	ne of Limited Lia	bility Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the fo	ollowing:
Sydn	ey Grice		
	Name of Person		_
Ande	erson Business Advisors		
	Firm/Company		_
3225	McLeod Drive, #100		
	Address		_
Las \	/egas, NV 89121		
	City/State and Zip Code		_
ra@a	andersonadvisors.com		
I	E-mail address: (to be used for future ann	nual report notific	ration)
For fu	rther information concerning this matter.	please call:	
Sydn	ey Grice	800	7064741
	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	Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	■ \$25 Filing Fee	Q \$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.

. Na	me of the limited liability company: BLACKSHIRE	HOL	DING	S GF	ROUP, LI	_C	. <u>-</u>	<u> </u>
i. (a)	1776 Polk St	(b) PO BOX 1552						
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (· , 	,	~			iability company: OFFICE BOX)
	Unit 405 Hollywood, FL 33020	-	BAI	RTO	W, FL 33	831		
	02/19/2019	-	 L190	00004	49440			
	Date of filing/registration in Florida	4.			Documen	t num	ber	
. (a)	REGISTERED AGENT SOLUTIONS, INC.							
. (,	Registered Agent and Registered Office shown on the records of the	e Florida	a Dept.	of State	- 2:			
	Registered Office Address (MUST BE FLORIDA STREET AL 155 OFFICE PLAZA DRIVE, SUITE A	DDRESS	<u></u>					
	TALLAHASSEE FL 3	2301			_			
(0)	Anderson Registered Agents, Inc.						797	
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice ad	<u>dress</u> :		-	:		1
	625 E. Twiggs Street, Suite 110				:		329	and the same
	NEW Registered Office Address:				· · · · · · · · · · · · · · · · · · ·		PH 4: 3!	Ö
	Tampa FL 3	3602				H	ညှ	
ie cha gent v /as/wc	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	ne regi ility co the lin	stered ompan nited li	office y, it is iabilit	: and the b s hereby co y company	usine. mfirn	ss offi ned tha	ce of the register it the change(s)
D	un man	Am	ina E	3arraj				
Signat	ure of a member or authorized epresentative of a member				Printed or t	yped n	ame of	signee
rovisi 1e obli 1 mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete poigations of my position as registered agent as provided ply reflect a change in the registered office address. I he I in writing of this change.	erfor m for in (ance o Chapte	of mic e er 605	duties, åna . F.S. Or.	l Lam if this	Jamili s docu	ar with and acce ment is being file

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

Signature of Registered Agent