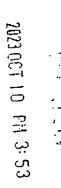


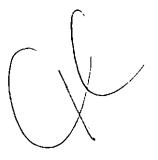
| (Requestor's Name) | _ |
|---|---|
| | |
| (Address) | _ |
| | |
| (Address) | _ |
| (, | |
| (City/State/Zip/Phone #) | _ |
| (Oity/State/Zip/Filone #) | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | _ |
| | |
| (Document Number) | _ |
| | |
| Certified Copies Certificates of Status | |
| Octimizates of otacus | - |
| | _ |
| Special Instructions to Filing Officer: | |
| | ı |
| | |
| | |
| | |
| | |
| | |
| L | |
| | |





10/11/23--01028--003 **25.00





COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: BLACK DIAMOND HARDS | SCAPE LLC |
| Name of Limited Li | ability 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 f | following: |
| Michael Serrano | |
| Name of Person | |
| ZenBusiness Inc. | |
| Firm/Company | <u>-</u> - |
| 336 E. College Ave. Suite 301 | 2 |
| Address | |
| Tallahassee, FL 32301 | _ |
| City/State and Zip Code | |
| ra@zenbusiness.com | |
| E-mail address: (to be used for future annual report notifi | cation) |
| For further information concerning this matter, please call: | |
| Michael Serrano 844 at (| 493-6249) |
| Name of Person | Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

■ \$25 Filing Fee

Enclosed is a check for the following amount:

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.

| • | 213 S. SWOOPE AVE. | 21 | 13 S. SWOOPE AVE. |
|---------------|--|--|--|
|) _ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (n) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | MAITLAND, FL 32751 | _ <u>M</u> | AITLAND, FL 32751 |
| | 05/10/2019 | – <u>–</u> L19 | 000127114 |
| | Date of filing/registration in Florida | 4. | Document number |
| ١. | CARLIN, PHILIP A | | |
| .) | Registered Office Address (MUST BE FLORIDA STREET ADDRI | ESS) | |
| | 213 S. SWOOPE AVE. | | |
| | Registered Office Address (ST BE FLORIDA STREET ADDRESS | 5) | 2023 (|
| | MAITLAND , FL | 32751 | 2023 OCT 1 O |
| | ZenBusiness Inc | | P |
| | Enter name of NEW Registered Agent and/or NEW Registered (| Office addres | —— မ |
| | 336 E. College Avc. Suite 301 | | <u> </u> |
| | NEW Registered Office Address: | | |
| | Tallahassee , FL | 32301 | |
| e w ve: | mited liability company is not organized under the laws or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | egistered of fility comparts the limited | ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided is |
| 11 | Danilo Abdala | | Danilo Abdala |
| | ire of a member or authorized representative of a member | | Printed or typed name of signee |
| eb sic | y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he | e to act in t erformance for in Chap | his capacity. I further agree to comply with t e of my duties, and I am familiar with and acc oter 605, F.S. Or, if this document is being fi |