## L20 00000 48264

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

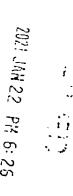
Office Use Only



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01/32/21--01017--011 \*\*55.00

MAR () 5 2021 S. YOUNG



## COVER LETTER

TO:	_	stration Section sion of Corporations						
SUBJECT:  Blackwater Properties - Canal LLC  SUBJECT:								
		Na	me of Limited I	Liability Company				
Dear S	ir or M	1adam:						
The en	closed	Registered Agent/Registered Of	ffice Change and	d fee(s) are submitted for filing.				
Please	return	all correspondence concerning to	his matter to the	e following:				
Paige I	łamm							
<del></del>		Name of Person		<del></del>				
Blackw	ater Pr	operties Canal LLC						
		Firm/Company	1-11-11-11-11-11-11-11-11-11-11-11-11-1	<del>Marian</del> a				
5049 C	anal St	Apt E						
		Address		<del></del>				
Milton	FL 325	70						
		City/State and Zip Code						
blackw	aterpro	pertiescanal@gmail.com						
Е	-mail :	address: (to be used for future an	nual report noti	fication)				
For fur	ther in	formation concerning this matter	r, please call:					
Paige F	lamin		559 at (	930-7394				
	,	Name of Person	( <u></u>	Area Code & Daytime Telephone Number				
	Mail	ing Address:		Street Address:				
Registration Section				Registration Section				
		sion of Corporations		Division of Corporations				
		Box 6327		The Centre of Tallahassee				
	Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclo	osed is a check for the following	g 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.

I. Na	ame of the limited liability company:	ties - Canal L	.LC				
2. (a)	5049 Canal St	(b) 50	(b) 5049 Canal St.				
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<u> </u>		Mailing address of limited lia			
	Apt E	Ap	ot E				
	Milton FL 32570	Mi	lton FL	32570			
	1/20/2021	L20	000048	264			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Cheyenne Moseley						
	Registered Agent and Registered Office shown on the records of the United States Corporation Agents, INC	ee:					
	Registered Office Address (MUST BE FLORIDA STREET A	_					
(b)	5575 S. Semoran BLVD 36	_	202				
	Orlando , FL	32822					
	Paige Hamm  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	- -	22 PH 6				
	5049 Canał St		: :				
	NEW Registered Office Address:			_	<b>.</b>		
	Apt E			_			
	Milton , FL	32570		_			
change agent was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member by accept the appointment as registered agent and agree in the proper and complete prigations of my position as registered agent as provided by reflect a change in the registered office address. The	registered of bility compared the limited imited liabil	Tice an any, it is liability con	d the business office of shereby confirmed that y company or as otherwingany.  HAMA  Printed or typed name of signacity. I further agree to	the registered the change(s) rise provided in  gnee  comply with the		
notified	L'in writing of this change.	e e e e e e e e e e e e e e e e e e e			,,		