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| (Requestor's Name)                      |  |  |
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| Certified Copies Certificates of Status |  |  |
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#### **COVER LETTER**

| SUBJECT: Blackwater Holdings L   | ·LC  |
|--|--|
| Name of Limited Lia  | bility Company   |
| Dear Sir or Madam:   |  |
| The enclosed Registered Agent/Registered Office Change and for                                     | ee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the fo                                  | ollowing:  |
| Christopher Robert Fabbi   |  |
| Blackwater Holdings LLC<br>Firm/Company  | _  |
| 301 Woodbine Dr. Address   | _  |
| Pensaco a F1 32503 City/State and Zip Code   |  |
| E-mail address: (to be used for future annual report notific                                       | ation)   |
| For further information concerning this matter, please call:                                       |  |
| Christopher Fabbro at 850 Name of Person   | ) 380-9685<br>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:

Registration Section

Division of Corporations

TO:

## 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. 1                  | Name of the limited liability company: Blackwafer   | Holdings LLC  |
|-----------------------|---|---|
|                       | 301 woodbine Dr. Pensacola, Fl 32503 (b)  |   |
| 2. (4.                | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |
|                       | $\frac{12 \sqrt{37/2020}}{\text{Date of filing/registration in Florida}}$   | L 2 0000 3 8 2 0 0 8  Document number   |
| 3.                    |   | t.  |
| 5. (                  | a) United States Corporation Agen Registered Agent and Registered Office shown on the records of the Florida  | TSLINC. Dept. of State:   |
|                       | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |   |
|                       | 476 Riverside Ave.  |   |
|                       | 476 Riverside Ave,<br>Jack sonville FL 32   | 202   |
| (1                    | christophen R. Fabbro   |   |
| ,,                    | Enter name of NEW Registered Agent and/or NEW Registered Office add   | Iress:  |
|                       |   |   |
|                       | NEW Day and LOVE and Address of   |   |
|                       | NEW Registered Office Address:  301 Woodbine Dr.  | 7   |
|                       | Pensacola .FL 32:   | 503_  |
| char<br>ager<br>was   | e limited liability company is not organized under the laws of the ige or changes are made, the Florida street address of the registere it will be identical. Or, in the case of a Florida limited liability converse authorized by an affirmative vote of the members of the limitaticles of organization or the operating agreement of the limited li | d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company. |
| /                     | (4812) d  | Printed or typed name of signee   |
|                       | when we the second to get   | in this canacity. I further arrea to comply with the  |
| prov<br>the c<br>to m | reby accept the appointment as registered agent and agree to act<br>visions of all statutes relative to the proper and complete performa<br>obligations of my position as registered agent as provided for in C<br>erely reflect a change in the registered office address, I hereby co<br>fied in writing of this change.                              | ince of my duties, and I am familiar with and accept<br>thapter 605, F.S. Or, if this document is being filed<br>infirm that the limited liability company has been     |

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

### **COVER LETTER**

Registration Section
Division of Corporations

TO:

| SUBJECT: Blackwater Holdings LLC Name of Limited Liability Company  |
|---|
| 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:   |
| Christopher Robert Fabbro Name of Person  |
| Blackwater Holdings LLC Firm/Company  |
| 301 Woodbine Dr. Address  |
| Pensacola Fl 32503  City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Christopher Fabbro at (850) 380-9685 Name of Person Area Code & Daytime Telephone Number  |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 |

\$55 Filing Fee & Certified Copy

\$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.

| Name of the limited liability company: Blackwafer Holdings LLC   |
|--|
| (a) 301 woodbine Dr. Pensacola F1 32503(b) Same  |
| Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |
| 12 07 2020   |
| Date of filing/registration in Florida 4. Document number  |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State:   |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |
| 476 Riverside Ave.   |
| Jack sonville ,FL 32202  |
| (b) Christophen R. Fabbro Enter name of NEW Registered Agent and/or NEW Registered Office address:   |
| NEW Registered Office Address:   |
| 301 Woodbine Dr.   |
| Pensacola ,FL 32503  |
| f the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after thange or changes are made, the Florida street address of the registered office and the business office of the registered gent 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 |
| 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 access the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being files to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been   |

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