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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC REGISTERED AGENT CHANGE **BLAC SWEETS LLC**

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MAR 24 2021

M. SOLOMON

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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: BLAC Swe	eets LLC		
	2417 0000000000	(b) 3417 BROADWAY AVE.		
2. (;	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liabil (Note: MAY BE POST OFF		
	JACKSONVILLE, FL 32254	JACKSONVILLE, FL 322	54	
			<u> </u>	
	02/01/21	L21000055021		
3.	Date of filing/registration in Florida	4. Document number		
5. ((a) UNITED STATES CORPORATION AGENTS	, INC.		
.). (Registered Agent and Registered Office shown on the records of th	e Florida Dept. of State:		
	5575 S. SEMORAN BLVD.			
	Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS)		
	SUITE 36			
	ORLANDO FL	32822	2021	
			2021 MAR	
(1	Registered Agents Inc.		₹ 23	
	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:		
	7901 4th St N		PH 12:	
	NEW Registered Office Address:		200 E	
	STE 300		•	
	St. Petersburg	33702		
the eager	the limited liability company is not organized under the law change or changes are made, the Florida street address of to int will be identical. Or, in the case of a Florida limited lials/ were authorized by an affirmative vote of the members of articles of organization or the operating agreement of the l	s of the State of Florida, it is hereby confirm the registered office and the business office of bility company, it is hereby confirmed that the the limited liability company or as otherwis imited liability company.	he change(s)	
0:	ignature of a member or authorized representative of a member	Riley Park Printed or typed name of sign	nee	
I he provide to notice	ereby accept the appointment as registered agent and agree visions of all statutes relative to the proper and complete to obligations of my position as registered agent as provided nerely reflect a change in the registered office address, I hilly differ in writing of this change. Bill Havre - Assistant mature of Registered Agent	ee to act in this capacity. I further agree to operformance of my duties, and I am familiar for in Chapter 605, F.S. Or, if this docume ereby confirm that the limited liability comp	comply with the	