## L21 CCO 249579

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## COVER LETTER

TO: Regi Divi	stration Section sion of Corporations		
SUBJECT:	Black Mountain Assets Property Manageme		
OBJECT	Name of L	imited Li	ability Company
Dear Sir or i	Madam:		
The enclose	d Registered Agent/Registered Office Ch	ange and	fee(s) are submitted for filing.
Please r <b>e</b> tur	n all correspondence concerning this mat	ter to the f	following:
Tiffany Easl	ley		
	Name of Person		
Sachs Sax C	Caplan, P.L.		<del>-</del>
	Firm/Company		
6111 Broke	n Sound Parkway NW, Suite 200	<u> </u>	<del></del>
<u></u>	Address		
Boca Rator	n, FL 33487		
	City/State and Zip Code		
barry@bla	ckmountainassets.com		(Gotion)
	ail address: (to be used for future annual		Hication
For furthe	r information concerning this matter, plea	ise call:	
Barry Sch	warzberg	561 at (	350-1916
	Name of Person	(	Area Code & Daytime Telephone Number
R D P	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
í	Enclosed is a check for the following an	no <b>un</b> t:	
	■ \$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.

al	me of the limited liability company:  Black Mountain	(b) _	Mailing address of limited liability company:
<i>.u,</i> _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	1275 Catalon au Blud		375 Gateway Blvd
	n	F	Boynton Beach, FL 33426
	Boynton Beach, Ft. 33420		
	May 27, 2021	L.:	21000249579
	Date of filing/registration in Florida	4.	Document number
	Schwarzberg, Barry		
(a)	Registered Agent and Registered Office shown on the records	of the Florida D	Dept. of State:
	Keginerea Afeir and response		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	<del></del>
	2500 Quantum Lakes Dr. Ste 203		
		22426	
	Boynton Beach	FL	
			(A)
(b)	Schwarzberg, Barry		
(	Enter name of NEW Registered Agent and/or NEW Register	ered Office add	····
			2021 JUL 30 PM 12: 15 SECRETARY OF STATE FALLANIASSEE, FLORE FALLA
			——————————————————————————————————————
	NEW Registered Office Address:		75 R
	1375 Gateway Blvd		<b></b>
			<i></i>
	Boynton Beach	_, FL	
hanį gent	Himited liability company is not organized under the ge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the membricles of organization or the operating agreement of	te laws of the fithe registere ed liability copers of the limited l	State of Florida, it is hereby confirmed that after and office and the business office of the registered impany, it is hereby confirmed that the change(s) little liability company or as otherwise provided in liability company.  The state of Florida, it is hereby confirmed that the change(s) intended in liability company.  The state of Florida, it is hereby confirmed that after the state of the registered in liability company.
	nature of a member or authorized representative of a member		Printed or typed name of signee
Siz	the state of the second and an and an and an and an and an	d agree to act	t in this capacity. I further agree to comply with to ance of my duties, and I am familiar with and acc Chapter 605, F.S. Or, if this document is being fil onfirm that the limited liability company has been

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