Division of Corporations



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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 : (813)436-5206

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LLC REGISTERED AGENT CHANGE BLACK BISCUIT LLC

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HelpAUG 02 2023

K. Brumbley

From: Registered Agents Inc.

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. P	Same of the limited liability company.	I LLC			
2. (a)	(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	10/12/12	L	23000229805		
3.	Date of filing/registration in Florida	— _{4.} –	Document nui	mber	
5. (a) MANTA LAW				
	Registered Agent and Registered Office shown on the records of				
	4039 GUNN HWY UNIT 2				
	Registered Office Address (MUST BE FLORIDA STREET				
			-		
	<u>тамра</u> F	L_33618			
z la i	Northwest Registered Agent I I C			202 SE EA	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		<u>'ess</u> :	- 12 8 AU	2
	7901 4th St N			2023 AUG - 2 Segino Lyani Tari zurkas	PPR A≱
	NEW Registered Office Address:			2	
	STE 300			(1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Ė
		·			
	St. Petersburg	. 33702 I			
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registe liability control of the limit	ered office and the busin pany, it is hereby confir ed liability company or a	ess office of the med that the cha	registered nge(s)
	, , ,	Nat Sr	• • •		
Sign	ature of a member or authorized representative of a member		Printed or typed	name of signee	
provi: the ol to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, l yd in writing of this change.	e performar ed for in Cl Thereby con	n this capacity. I further ace of my duties, and I ar apter 605, F.S. Or, if th afirm that the limited liab	agree to comply m familiar with a dis document is b bility company he	with the ond accept eing filed as been
- / V~	Taylor Newman - Assistant S	Secretary			

Signature of Registered Agent