(Requ	estor's Name)	-			
(Addre	ess)	<u> </u>			
(Addre	ess)				
(City/S	State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Busir	ness Entity Nar	ne)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Fil	ing Officer:				
	J. HORN	E 2025			

Office Use Only



500452483795

2025 JUL 19 AN 9: 28



To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 06/19/25 Order #: 2678023-4

Re: BLACK OAK COURT, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Shauna Godbolt
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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.

l. Nan	ne of the limited liability company:	COURT, LI	_C		
2. (a) _	307 PONTE VEDRA BLVD	(b	307 PON	TE VEDRA BLVD	
() _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	
	PONTE VEDRA BEACH, FL 32082		PONTE V	EDRA BEACH, FL 3	2082
-	06/15/2023	_ 	L2300028		
	Date of filing/registration in Florida	4.		Document number	
	Registered Agent and Registered Office shown on the records TRUDEAU, ROBERT H Registered Office Address (MUST BE FLORIDA STREE			- e:	2025 JULY 13 13 9: 28
	1548 LANCASTER TERRACE		_		10 1
	JACKSONVILLE	32204		_	
ŧ	Enter name of NEW Registered Agent and/or NEW Register Corporation Service Company	red Office a <u>d</u>	dress:		
	NEW Registered Office Address:			_	
	1201 Hays Street			_	
	Tallahassee	FL_32301			
hange o igent wi vas/wer he artic	mited liability company is not organized under the or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited to authorized by an affirmative vote of the member les of organization or the operating agreement of the	laws of the he registere liability co s of the lim he limited l	ed office and impany, it is nited liability iability con	d the business office s hereby confirmed the y company or as othe apany.	of the registered lat the change(s) rwise provided in
	re of a member or authorized representative of a member	JAN	MES M. PIC	Printed or typed name of	
l hereby provisio he oblig o mere l	w accept the appointment as registered agent and a miss of all statutes relative to the proper and complegations of my position as registered agent as providy reflect a change in the registered office address, in writing of this change. ORACE E. KIR	te performe ded for in C I hereby co	ance of my o Thapter 605 Infirm that i	acity. I further agree duties, and I am fami, , F.S. Or, if this doct the limited liability co	to comply with the
Signature	of Registered Agent		. 7106 1106	J-,, - 1 / 1 / 1	