24000290370

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



100439611751

2024 DEC -9 AM 9: 29

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 12/9/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1327891

ORDER ENTITY

BLACK GOLD COMPOST COMPANY, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: BLACK GOLD COMPOST COMPANY, LLC_(FL)

File the attached change of agent document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

Monday, December 9, 2024

COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	Black Gold Compost Company	LLC			
	Name of Limited Liability Company				
Dear Sir	or Madam:		,		
The encl	losed Registered Agent/Registered	l Office Change and	d fee(s) are submitted for filing.		
Please re	eturn all correspondence concernir	ng this matter to the	e following:		
Rebecca	Saferstein, Senior Paralegal				
	Name of Person		 .		
Arnall G	olden Gregory LLP				
	Firm/Company		——————————————————————————————————————		
171 17th	Street, NW, Suite 2100				
	Address				
Atlanta.	GA 30363				
	City/State and Zip Co	ode			
jdavis@}	proadcrest.com				
E-t	nail address: (to be used for future	e annual report noti	fication)		
For furth	ner information concerning this ma	atter, please call:			
Rebecca	Saferstein	4()4 at (870-5604		
	Name of Person		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, F1, 32303		
	Enclosed is a check for the follow	wing amount:			
,	S25 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.

1. N	ame of the limited liability company: Black Gold Con	npost Company	. LLC
2. (a)	130 S. Main Street, Winter Garden, F1, 34787	(b) 13	30 S. Main Street, Winter Garden, F1, 34787
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
,	03/22/1985		000290370
3.	Date of filing/registration in Florida Robert M. Lange	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of 1750 Buena Vista Dr. Registered Office Address		
	Eustis, F	L_32726	PILED 2024 DEC -9 AM 9: 29 ALLAHASSEE, FLORIOA
	Incorporating Services, Ltd.		SSEE -9
	Enter name of NEW Registered Agent and/or NEW Registere	FEG.	
	1540 Glenway Drive	9: 29	
	NEW Registered Office Address:		
	Tallahassee, F		
change agent v was/w the 4rt	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I green authorized by an affirmative vote of the members teles of organization or the operating agreement of the lens M. Ludus	iws of the State e registered of iability compa of the limited	ffice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Signa	4ure of a member or authorized representative of a member		Printed or typed name of signee
provisi the obj	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ly reflect a change in the registered office address, I din writing of this change.	gree to act in the e performance ed for in Chap Thereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been
Signate	& If Registered Agent		