127663

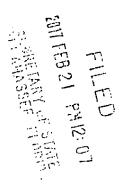
| (Requestor's Name) | | | |
|---|--|--|--|
| | | | |
| (Address) | | | |
| | | | |
| (Address) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| ` , , , , , , , , , , , , , , , , , , , | | | |
| PICK-UP WAIT MAIL | | | |
| | | | |
| | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| | | | |
| Certified Copies Certificates of Status | | | |
| | | | |
| Special Instructions to Filing Officer | | | |
| g character wing contact | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 1 | | | |
| | | | |

Office Use Only



900295401779

02/21/17--01011--010 **35.00



2/23



Amendment Section Division of Corporations TO:

| · | | | |
|---|--|--|--|
| SUBJECT: Black's Business Systems | | | |
| Name of Corporation | | | |
| DOCUMENT NUMBER: L27663 | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| rease retain an correspondence concerning this matter to the following. | | | |
| Nicki Alonso | | | |
| Name of Contact Person | | | |
| Black's Business Systems | | | |
| Firm/Company | | | |
| 9130 S. Dadeland Blvd., Suite 1705 | | | |
| Address | | | |
| Miami, FL 33156 | | | |
| City/State and Zip Code | | | |
| NAlonso@servicesonsite.com | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| | | | |
| For further information concerning this matter, please call: | | | |
| Nicki Alonso Name of Contact Person at (305) 374-1521 Area Code & Daytime Telephone Number | | | |
| Name of Contact Person Area Code & Daytime Telephone Number | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | |

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

$\boldsymbol{\cdot}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of chan | ge is submitted for a corporation organi | 2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida red agent, or both. in the State of Florida. | | |
|--------------------------------------|---|---|--|--|
| 1. The name of the | e corporation: Black's Business S | Systems, Inc. | | |
| 2. The principal o | ffice address: 9130 S. Dadeland | Blvd., Suite 1705 | | |
| | Miami, FL 33156 | | | |
| 3. The mailing add | dress (if different): | | | |
| | | | | |
| 4. Date of incorpo | oration/qualification: 11/6/1989 | Document number: L27663 5 5 | | |
| | street address of the current registered agment of State: (If resigned, enter resigned | gent and registered office on file with the 3 | | |
| _ | Jeffrey S. Tanen, Esquire | | | |
| 4 | 4000 Ponce de Leon Blvd. | | | |
| (| Coral Gables, FL 33146 | - | | |
| (if changed): | street address of the new registered agen | t (if changed) and /or registered office | | |
| - | 9130 S. Dadeland Blvd., Suite 1705 | | | |
| | P O. Box NOT a | | | |
| <u>1</u> | Miami, FL 33156 | | | |
| The street address as changed will b | s of its registered office and the street a e identical. | address of the business office of its registered agent, | | |
| Such change was authorized by the | authorized by resolution duly adopted board, or the corporation has been not | by its board of directors or by an officer so ified in writing of the change. | | |
| (Junion Signature | okan officer or director | President/Director Printed or typed name and title | | |
| I further agree to | he appointment as registered agent and comply with the provisions of all statu by duties, and I am familiar with and act document is being filed merely to reflent the corporation has been notified in | •• | | |
| - fruit | I Curti | 2/16/2017 | | |
| _ | fure of Registered Agent | Date | | |
| If signing on beha | • | | | |
| Tim C. Curtie | es, President/Director | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name