## L9900000639

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

Office Use Only



300439614053

:4:2 NO 26 PM 2:45

2024 NOV 26 PM 2:

## **CT CORP**

## (850) 656-4724 3458 lakesore Drive

Tallahassee, FL 32312

11/26/2024

D	ate:	11/26/2024	000072 w: DW
		Acc#I201600	000072 W
Name:	Blackbe	rry Mountain Estat	es LLC
Document #:			
Order #:	1595297	4	
Certified Copy of Arts & Amend: Plain Copy:			
Certificate of Good Standing:			
Certified Copy of			
Apostille/Notarial Certification:		Country of Desti	
Filing: 🗸	Certi Plain COGS		Email Address for Annual Report Notification
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amo	unt: \$ 55.00 Thank yo	

## 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:  BLACKBERRY	MOUNTAR	N ESTATES, LLC	
2. (a)		(b) _		
` `	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2061 Thatch Palm Drive	2	2061 Thatch Palm Drive	
	BOCA RATON, FL 33432		BOCA RATON, FL 33432	
	02/04/1999	LS	99000000639	
3.	Date of filing/registration in Florida	4.	Document number	
5 (0	<b>.</b>			
5. (a	Registered Agent and Registered Office shown on the records of	f the Florida D	Dept. of State:	
	Adams, Scott H		est	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	2061 Thatch Palm Drive		E 8 TI	
	BOCA RATON . FI	33432	FILED 2024 NOV 26 PM 2: 45 TÄLLAHASSEE, FLORIDA	
		<u></u>		
(b)			PM 2: 45	
	Enter name of NEW Registered Agent and/or NEW Registered	<u>d Office addro</u>	<u>w</u>	
	C T Corporation System		>	
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation, FI	L 33324		
the cli agent was/v the ar	limited liability company is not organized under the la nange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the stature of a member or authorized representative of a member	iws of the St of the registe iability com of the limite	state of Florida, it is hereby confirmed that after ered office and the business office of the registered appany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company.	
I her 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, I ed in writing of this change.  C T Corporation System	e nerforman	n this capacity. I further agree to comply with the	

Signature of Registered Agent