M11000004170

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

Office Use Only



800249307548

07/08/13--01015--014 **25.00

SECRETARY OF STATE

JUL - 9 2013 T CLINE

COVER LETTER

•		
TO: Registration Section Division of Corporations		
SUBJECT: Black Acre Enterpris	ses, LLC	
Name of Limite	ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filin	g.
Please return all correspondence concerning this n	natter to the following:	
Michael V. Brodarick		
Name of Person		
Black Acre Enterprises, LLC	<u> </u>	
Firm/Company		
114 Sea Lane		
Address		
Delray Beach, FL 33483		
City/State and Zip Code		
mbrodarick@lloydmc.com		
E-mail address: (to be used for future annual report notifical	tion)	ب 🕦 م
For further information concerning this matter, pl	case call:	
Michael V. Brodarick	502 836-7272	14-8 14-8
Name of Person	Area Code & Daytime Telephone Number	· · · · · · · · · · · · · · · · · · ·
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	# 55 # 55

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.]	Nar	me of the limited liability company: Black Acre Enterprises, L	rc
2. ((a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	114 Sea Lane Delray Beach, FL 33483
((b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	114 Sea Lane Deiray Beach, FL 33483
		2011	M11000004170
خ. خ	Dat	e of filing/registration in Florida	1. Document number
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
		Registered Agent:	Ann Mane Brodarick
		Registered Office Address:	55 Merrick Way #716 Coral Gables, FL 33134
		and the state of t	
I	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:
		NEW Registered Agent:	Michael V. Brodanck
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	114 Sea Lane
			Delray Beach,FL_33483
and liab the	ifiri l the pilit me	imited liability company is not organized under the land that after the change or changes are made, the Flore business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
		e of a member or authorized representative of a member	- A A A A A A A A A A A A A A A A A A A
		/. Brodarick or typed name of signee	
I h con and Che add	ere npl 11 a apt ires	by accept the appointment as registered agent and as with the provisions of all statutes relative to the proam familiar with and accept the obligations of my poser 608, F.S. Or, if this document is being filed to mer ss, I hereby confirm that the limited liability company	pree to act in this capacity. If further agree to per and complete performance of my duties sition as registered agent as provided for invelopment of the restreet office in the restreet office has been notified in writing of this change.
Sic	natur	re of Registered Agent	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00