2/16/23, 11:22 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230000611373)))



H230000611373ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE BLAKE MANAGEMENT GROUP TOO, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00



Electronic Filing Menu Corporate Filing Menu

Help

EEB 17 2053 K. Brumbley To:

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.	Na	me of the limited liability company:	1 Grou	рТ	ου, LL(C 						
2.	(a)			(b)								
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-,			lailing add	tess of lin	nited liabili OST OFF	ty con	pany:	
		113 W. Jackson St., Suite B		PO Box 13190								
		Ridgeland, MS 39157	_	Jackson, MS 39236								
		Nov 15, 2011		Ν	411000	0057	793					
3.		Date of filing/registration in Florida	4.	_			Docume	nt numb	er			
5.	(a)	Terry Glenn Barcaly										
J.	(4)	Registered Agent and Registered Office shown on the records of t	he Flori	ida I)cpt. of	State	:					
		Terry Glenn Barclay										
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)										
(b		18 Via Deluna # 605										
		Pensacola , FL	32561									
		C T Corporation System							; ⊷	,0	20	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	O(C	- 4.1					·	.07.1 E.D	}2 ⊓	
		Enter name of NEW Registered Agent and/or NEW Registered	Office :	<u> 100</u>	<u>(ess</u> :				Ę	0	ם ס	- ,
									,	ō	<u> </u>	
		NEW Registered Office Address:							••	A	-	50
		1200 South Pine Island Road							- <u>-</u> .	=	-	
									•	<u></u>		
		Plantation , FL	33324							-	,	
the ag- we	ent v is/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of teles of organization or the operating agreement of the	the repability f the li	gist cor imi	ered o npany, ted lial	ffice , it is bility	and the hereby of compar	busines: confirme	s office o ed that th	f the e cha	regis nge(s	tered
		1/ W. Withhall	71	hon	as M. !	Mitch	neli					
-	Signa	ture of a member or authorized representative of a member					Printed o	typed na	me of signe	:c		
pri the to	ovisi Pobl mer	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, 1 is d in verting of this change CT Corporation System	perfor d for in hereby	rma n C v co	nce of hapter nfirm t	my 6 605 hai i	duties, ar , F.S. Oi the limite	urther a nd I am j r, if this nd liabili	gree to c familiar y documen ity compo	omply vith a it is b iny ha	v with ind ai eing is bei	i the ccept filed en
By		ire of Registered Agent	Kaity 1	Too	in, Ass	t Se	cretary					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: S25.00