

Division of Corporations

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**M13000006560**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

**\*RE-SUBMIT\***

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
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**\*\*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  
BLACKDOG CONSORTIUM, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$25.00

**C. LEWIS**

JUN 24 2014

**EXAMINER**

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DIVISION OF CORPORATIONS

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June 23, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BLACKDOG CONSORTIUM, LLC  
1521 ALTON ROAD #163  
MIAMI BEACH, FL 33139

SUBJECT: BLACKDOG CONSORTIUM, LLC  
REF: M13000006560

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

FAX Aud. #: H14000148751  
Letter Number: 414A00013519

RECEIVED  
14 JUN 23 PM 2:26  
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TALLAHASSEE, FLORIDA

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### COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Blackdog Consortium, LLC

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** M13000006560

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:

Shannon Melick

\_\_\_\_\_  
Name of Contact Person

BLACKDOG CONSORTIUM, LLC

\_\_\_\_\_  
Firm/Company

9663 Santa Monica Blvd #406

\_\_\_\_\_  
Address

Beverly Hills, CA 90210

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Melick

310

207-8600 x112

at ( )

\_\_\_\_\_  
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

CR2E045 (03/12)

# 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. Name of the limited liability company: <u>Blackdog Consortium, LLC</u>	
2. (a) <u>1521 ALTON ROAD #163 MIAMI BEACH, FL 33139</u>	(b) <u>9663 Santa Monica Blvd</u>
Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u> )	Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u> )
<u>10/16/2013</u>	<u>Suite 406</u>
	<u>Beverly Hills, CA 90210</u>
	<u>M13000006560</u>
3. Date of filing/registration in Florida	4. Document number
5. (a) <u>CORPORATION SERVICE COMPANY</u>	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u>	
<u>1201 HAYS STREET</u>	
<u>TALLAHASSEE</u> , FL <u>32301-2525</u>	
(b) <u>CT Corporation System</u>	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
<u>NEW Registered Office Address:</u>	
<u>1200 South Pine Island Road</u>	
<u>Plantation</u> , FL <u>33324</u>	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jordan Brown  
Signature of a member or authorized representative of a member

Jordan Brown

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Abigail Busch Asst. Secretary  
Signature of Registered Agent

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

INHS18 (2/14)

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