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(Business Entity Name)	;
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Florida Power Black Inc. Name of Corporation
DOCUMENT NUMBER: N 0900001836
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:
Policy Laut 2 Name of Contact Person
Florids Power Black Inc.
4900 Lyons Tech Pruy #10
City/State and Zip Code (
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

Enclosed is a \$35.00 check made payable to the Department of State.

Name of Contact Person

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

at (954) 600 + 01 6 Area Code & Daytime Telephone Number

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the corporation: Florida Power Black, Inc.
2. The principal office address: 4900 Lyons Technology Fruy #10 (Occount Creek, Fr 33073
3. The mailing address (if different):
4. Date of incorporation/qualification: 3 3 09 Document number: NO900001826
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Steve Nicastro 4900 Lyons Technology Pkuy, Suite #10 FG B F Coconut Creek, F/ 33073
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Steve Nicht Born Born Holling Born Born Holling Born Born Born Born Born Born Born Born
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Printed or typed name and little Printed or typed name and little
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been positived in writing of this change.
Signature of Registered Agent 9/9/10
If signing on behalf of an entity:

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

Typed or Printed Name