

N23000011799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

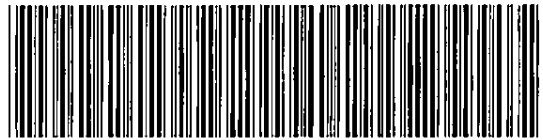
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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2023 OCT 23 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLACRAI HEALTH & WELLNESS
Name of Corporation

DOCUMENT NUMBER: N23000011799

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:

ERIC BASON
Name of Contact Person
BLACRAI HEALTH & WELLNESS
Firm/Company
301 NW 17TH ST.
Address
MIAMI, FLA 33138
City/State and Zip Code

BLACRAI.INC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC BASON at (766) 663-0179
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BLACRAI HEALTH & WELLNESS
2. The principal office address: 301 NW 17TH ST #326
MIAMI, FL 33136
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: SEPT. 29, 2023 Document number: N23000011799
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)

RACHEL JOHNSON

MY HOWLING ADVOCATE & ASSOCIATES LLC

1409 NW. 6TH STREET

FL. CAMDEN PLACE, FL 33311

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

R.J. MATFIELD

301 NW 17TH ST #318

P.O. Box NOT acceptable

MIAMI, FL 33136-2037

SECRETARY OF STATE
TALLAHASSEE, FL

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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.

[Signature]
Signature of an officer or director

ERIC BASON
Printed or typed name and title

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 notified in writing of this change.

[Signature]
Signature of Registered Agent

Sunday, 15 October 2023
Date

If signing on behalf of an entity:

Typed or Printed Name

*** 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 (04/13)