

N240000 12215

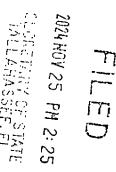
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(Document Number)					
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11/25/24--01004--012 **35.00



COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJ Name	ECT: Black West Property Owners Associati of Corporation	on Inc.					
DOCU	UMENT NUMBER: N24000012215						
The er	nclosed Statement of Change of Registered	f Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this	matter to the following:					
ed stor	rev						
	of Contact Person						
Storey	Law Group P.A.						
Firm/C	Company						
221 N	E Ivanhoe Blvd. Suite 300						
Addre	SS						
Orland	io						
City/S	tate and Zip Code						
	estorey@storeylawgroup.com	1					
E-mai	I address: (to be used for future annual						
		·					
For fu	rther information concerning this matter, p	dease call:					
Edwar	d Storey	at / 407 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	Name of Contact Person	at (407) 488-1225 Area Code & Daytime Telephone Number					
Enclos	sed is a \$35.00 check made payable to the	Department of State.					
	Mailing Address:	Street Address:					
	Amendment Section	Amendment Section					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327	The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	ange is submitted for a	corporation organiz	, 607.1508, or 617.1508, Florida Stat sed under the laws of the State of <mark>Flo</mark> red agent, or both, in the State of Flor	rida	
1. The name of	the corporation: Black	: West Property Owne	rs Assocaition Inc.	_	
		. Pineloch Ave., Suite	10, Orlando, FL 32806		
3. The mailing a	address (if different): _				
4. Date of incor	4. Date of incorporation/qualification: 10/14/2024 Document number: N24000012215				
	d street address of the rtment of State: (If res		ent and registered office on file with ()	the	
	Storey Law Group, P.	Α.		~	
	221 NE Ivanhoe Blvd	., Suite 300		2024 NOV 2	
	Orlando, FL 32804			OV 2	
6. The name and (if changed):	d street address of the		(if changed) and /or registered office	říři 🍱	
	James E. Frye Jr.			2: 2 STM E. FL	_
	102 W. Pineloch Ave.			i iii on	
PO Box NOT acceptable					
	Orlando, FL 32806				
The street address changed will	ess of its registered of be identical.	fice and the street a	ddress of the business office of its re	egistered agent.	
_	∠7		by its board of directors or by an off fied in writing of the change.		
- Fignali	re of an officer of director	<u>c</u>	Phylis P. CARUSE VIO	a President	Secretary
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as r to comply with the pr ad I am familiar with a ing filed merely to ref s been qotified in writ	egistered agent and ovisions of all statut and accept the oblig lect a change in the ing of this change.	agree to act in this capacity. es relative to the proper and complo ation of my position as registered a registered office address, I hereby c	ete performance gent. Or, if this confirm that the	
- / ·	mature & Registered Agent		11/18/202 Date	4	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	half of an entity:	- ^-	/		

Make checks payable to Florida Department of State Mail, to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 cr2e045 (04/13)

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