N 2500000 2175

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	 .
PICK-UP WAIT	MAIL
(Business Entity Name)	
(===,	
(Document Number)	
(Cooding Names),	
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Account#: 120000000088 If there are any issues please contact Cheyanne at 850-202-1882

Date: 09/15/2025	_
Name: Delijah Show	wers
Reference #:	<u>'81</u>
	OVE PROPERTY OWNERS ASSOCIATION, INC.
☐ Articles of Incorporation/A	Authorization to Transact Business
Amendment	
Change of Agent	
Reinstatement	
Conversion	
Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
Authorized Amount:	\$35
Signature: Delizah Showe	era

FILEL

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

statement of change is submitted for	is 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu a corporation organized under the laws of the State of tered office or registered agent, or both, in the State of Floric	FL	
1. The name of the corporation:	BLACKROCK COVE PROPERTY OWNERS ASSOCIATION	ON, INC.	
2. The principal office address:	No Change		
3. The mailing address (if different):	No Change		
		N25000002175	
5. The name and street address of the Florida Department of State: (If re	e current registered agent and registered office on file with the signed, enter resigned)	e	
	CT CORPORATION SYSTEM	63	
	1200 SOUTH PINE ISLAND ROAD	2825 SEP	
	PLANTATION, FLORIDA 33324	`_`; ;>	
6. The name and street address of the (if changed):	e new registered agent (if changed) and /or registered office	SSEE FLO	
C	ogency Global Inc.	32 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
1	15 North Calhoun St., Suite 4	*••	
	P.O Box NOT acceptable		
	allahassee, FL 32301		
The street address of its registered of as changed will be identical.	office and the street address of the business office of its reg	istered agent,	
	olution duly adopted by its board of directors or by an offic poration has been notified in writing of the change.		
Benjamin Pisasev	Ben Pisarev, Director		
I hereby accept the appointment as I further agree to comply with the p of my duties, and I am familiar will document is being filed merely to recorporation has been notified in wi	registered agent and agree to act in this capacity, provisions of all statutes relative to the proper and complet in and accept the obligation of my position as registered age effect a change in the registered office address, I hereby co	e performance ent. Or, if this onfirm that the	
/s/ Tim Mayville	9/15/2025		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Tim Mayville, Assistant Sec	cretary		
Typed or Printed Name			

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