## P070001158>>

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

SUBJECT. Black Kids Inc.

Name of Corporation

DOCUMENT NUMBER: P07000115822

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:

REGINALD YOUNGBLOOD

Name of Contact Person

**BLACK KIDS** 

Firm/Company

3102 ARMSDALE ROAD

Address

JACKSONVILLE, FL, 32218

City/State and Zip Code

kidsblack@gmail.com

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

For further information concerning this matter, please call:

Reginald Youngblood

.,904 \303-102

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

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of $\overline{FLORNDP}$ registered agent, or both, in the State of Florida.	۲.
1. The name of t	the corporation: Black Kids Ir office address: 3102 Armsda	nc. ale Road, Jacksonville, FL 32218	<del></del>
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 10/22/0	7 Document number: P07000115822	
	I street address of the current regist tment of State: (If resigned, enter r Resigned	tered agent and registered office on file with the esigned)	
6. The name and (if changed):	REGINALD YOUNGISL 3102 Armsdale Road Jacksonville, FL 32218	AY SS	- Carrier Annual Control of Contr
as changed will	be identical.	street address of the business office of its registered gent	¹ie.acd t,
Signature Signature I hereby accept I further agree to performance of agent. Or, if the	the appointment as registered age to comply with the provisions of a my duties, and I am familiar with	Reginald Youngblood, Secretary Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.	
Regisign Sign	nature of Registered Agent half of an entity:	05/08/14  Date	
	oungblood  ped or Printed Name	·	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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