Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

! From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

REGISTERED AGENT CHANGE BLACK SILVER AND GOLD, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: BLACK SILVER AND GOLD, INC. Name of Corporation		
DOCUMENT NUMBER: P08000045858		
The enclosed Statement of Change of Registered Office/Agent and fee are s	ubmitted for filing.	
Please return all correspondence concerning this matter to the following:		
Riley Park		
Name of Contact Person		
P08000045858		
Firm/Company		
7901 4th St N Ste 300		
Address		
Ot Date where El 22702		
St. Petersburg, FL 33702 City/State and Zip Code		
City/state and Zip Code		
eastern@registeredagentsinc.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Dilay Dark		
Riley Park at (307) Name of Contact Person Area Code & 1	200-2803 Daytime Telephone Number	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Street Add	Iress:	
	ent Section	
Division of Corporations Division of P.O. Box 6327 Clifton But	of Corporations	
	cutive Center Circle	
	ee, FL 32301	

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

statement of char	nge is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this poration organized under the laws of the State of
1. The name of the	he corporation: BLACK	SILVER AND GOLD, INC.
2. The principal	office address: 2250 I	Boulder Springs Dr 204
	Columb	ia, MO 65201
3. The mailing ac	ddress (if different): 2250	Boulder Springs Dr 204
	Colum	nbia, MO 65201
4. Date of incorp	oration/qualification:	Document number:
	street address of the curre tment of State: (If resigned	ent registered agent and registered office on file with the d, enter resigned)
	LIDSKY, HOWARD)
	4400 NW 23rd Ave	A
	Gainsville, FL 32606	· · · · · · · · · · · · · · · · · · ·
6. The name and (if changed):	street address of the new	registered agent (if changed) and /or registered office
	REGISTERED /	AGENTS INC.
7901 4th St N STE 300		
		P.O. Box. NOT acceptable
	St. Petersburg	J FL 33702
The street addreas changed will	ss of its registered office be identical.	and the street address of the business office of its registered agent.
Such change was authorized by the	s authorized by resolution board, or the corporation	n duly adopted by its board of directors or by an officer so on has been notified in writing of the change.
Howard	Colon officer or director	LIDSKY, HOWARD / President Printed or typed name and title
I further agree to performance of to agent. Or, if this	o comply with the provisi my duties, and I am famil s document is being filed	tered agent and agree to act in this capacity. ions of all statutes relative to the proper and complete liar with and accept the obligation of my position as registered merely to reflect a change in the registered office address, I been notified in writing of this change.
Beethon	4-	05/03/2021
Sign	ature of Registered Agent	Dute
If signing on beh	nalf of an entity:	
Bill Havre /		
Ту	ped or Printed Name	

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