

P130000 15909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

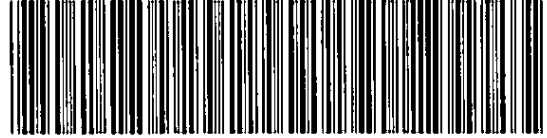
(Business Entity Name)

(Document Number)

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STATE OF CALIFORNIA  
DEPARTMENT OF REVENUE

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Black Condor Enterprises Inc.  
Name of Corporation

P13000015909  
**DOCUMENT NUMBER:**

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:

Claudia Bubica  
Name of Contact Person  
Black Condor Enterprises Inc.  
Firm/Company  
1881 Washington Ave. Suite 12A  
Address  
Miami Beach, Florida 33139  
City/State and Zip Code  
cbubica@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Bubica at ( (305)3896162 )  
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**

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: Black Condor Enterprises Inc  
2. The principal office address: 1881 Washington Ave. Suite 12A  
Miami Beach, Florida 33139  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02-18-2013 Document number: P13000015909

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)

Brian Przystup & Associates LLC  
2800 Biscayne Blvd. Suite 400  
Miami, FL 33137

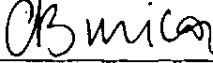
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TALLAHASSEE, FLORIDA

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

Claudia Bubica  
1881 Washington Ave. Suite 12A  
P.O. Box NOT acceptable  
Miami Beach, FL 33139


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 of an officer or director

Claudia Bubica P  
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 of Registered Agent

09-05-2018  
Date

If signing on behalf of an entity:  
Claudia Bubica  
Typed or Printed Name

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