

P/6000063390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

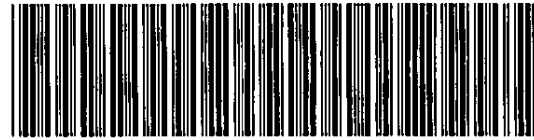
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200292315352

11/30/16--01008--013 **35.00

RECEIVED
2016 DEC 30 2:20
FILING OFFICE

DEC 02 2016

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Black Lace Industries, Inc.
Name of Corporation

DOCUMENT NUMBER: P16000063390

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:

Robert L Wines
Name of Contact Person

Black lace Industries, Inc.
Firm/Company

2610 SE 38 ST
Address

Ocala, FL 34480
City/State and Zip Code

lwilliams0616@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert L. Wines at (352) 629-5766
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 Lace Industries, Inc.
2. The principal office address: 2610 SE 38 ST
Ocala, FL 34480
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: July 29, 2016 Document number: P16000063390

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)

Laurie A. Williams
2610 SE 38 ST
Ocala FL 34480

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

Russell W. La Peer
445 NE 8 Ave
P.O. Box NOT acceptable
Ocala FL 34470

FILED
NOV 1 11 30 2016
TALLAHASSEE, FL

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]
Signature of an officer or director

Robert L. Wines
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.

Russell W. La Peer
Signature of Registered Agent

11/28/2016
Date

If signing on behalf of an entity:

Russell W. La Peer
Typed or Printed Name

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