Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H230003626013)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (813)436-5206

Enter the email address for this business entity to be used for $\widehat{\operatorname{future}}$ annual report mailings. Enter only one email address please.;

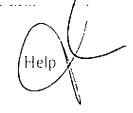
T :	Address:			

REGISTERED AGENT CHANGE BLACK BOX BAY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



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

To: 18506176380

statement of cha	nge is submitted for a corporation or	0502, 607,1508, or 617,1508, Florida ganized under the laws of the State of gistered agent, or both, in the State of	Florida	
1. The name of t	the corporation: BLACK BOX BAY, INC	2.		
3. The mailing a	iddress (if different):			
4. Date of incorporation/qualification: 01/17/19 Document number: P19000006492				
5. The name and		ed agent and registered office on tile w		
	HOOI, MICHAEL J. STICHTER, RIEDS	EL, BLAIN & POSTLER, PA		
	110 E. MADISON ST. SUITE 200			
	TAMPA, FL 33602		023 OF	
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):		- · · · · ·		
	Northwest Registered Agent LLC		1833	
	7901 41h SI N STE 300		0: 01	
), Box NOT acceptable	٠.	
	St. Petersburg FL 33702		_	
The street address changed will	ess of its registered office and the str be identical.	reet address of the business office of	its registered agent,	
Such change wanthorized by the	as authorized by resolution duly ado he board, or the corporation has been	pted by its board of directors or by a notified in writing of the change.	n officer so	
Rol	poet Scott	Robert Scott- PD		
Signati	ire of an officer or director	Printed or typed name and	bile	
I further agree of my duties, ar document is be	ad Lam familiar with and accent the	statutes relative to the proper and co obligation of my position as register in the registered office address, I hero	'ea agent. Or. 6 mis -	
TEN-	gnature of Registered Agent	10/17/2023		
Su	enature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Taylor Newman				
	Typed or Printed Name			