P21 000005814

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Amendment Section Division of Corporations	,
SUBJECT: Pacific Blackstone Group, Inc. Name of Corporation	
DOCUMENT NUMBER: P21000005814	
The enclosed Statement of Change of Registered Offic	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
John K. Lines	
Name of Contact Person Pacific Blackstone Group, Inc.	
Firm/Company 540 Via Genova	
Address Deerfield Beach, FL 33442	
City/State and Zip Code johnlines45@yahoo.com	
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please	call:
John K. Lines	866-8861
Name of Contact Person	at (615) 866-8861 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depar	tment of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	mge is submitted for a corporation orgo	inized under the laws of the State of Florida	
in orde		stered agent, or both, in the State of Florida.	
1. The name of	the corporation: PACIFIC BLACKSTON		
2. The principal	office address:	RFIELD BEACH, FLORIDA 33442	
3. The mailing :	address (if different):	P21000005814	
4. Date of incor	poration/qualification:	Document number:	
	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file with the ned)	
	STEINMAN, DAVID M		
	2170 AMERICUS BLVD N		
	CLEARWATER, FL 33763		
			
6. The name an (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office	202
	John Lines		
	540 Via Genova, Deerfield Beach, FL 33	3442	2021 OCT 1 3
	P.O. Box NOT acceptable		₽ .:
			က်
The street addr	ess of its registered office and the stree	et address of the business office of its regist	tered agent,
Such change wauthorized by t	as authorized by resolution duly adopt he board, or the corporation has been i	ed by its board of directors or by an officer notified in writing of the change.	SO
		John Lines, Director	
_	ire of an officer or director	Printed or typed name and title	
I further agrée of my duties, a document is be	t the appointment as registered agent of to comply with the provisions of all sta ad I am familiar with and accept the of ing filed merely to reflect a change in s been notified in writing of this chang	atutes relative to the proper and complete p bligation of my position as registered agent the registered office address. I hereby conf	performance t. Or, if this irm that the
		10/07/2021	
Si	gnature of Registered Agent	Date	
If signing on b	chalf of an entity:		
John Lines			
	Sped or Printed Name		

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