106 STONE BL CANTONMENT				
Current Mai	iling Address:			
106 STONE CANTONME	BLVD ENT, FL 32533			
FEI Number: 20-3842052			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
JOHNSON, DA 106 STONE BL CANTONMENT				
The above name	d entity submits this statement for the purpose of changing its reg	stered office or regis	tered agent, or both, in the State of F	lorida.
	d entity submits this statement for the purpose of changing its reginent is regined. E: DARRIN JOHNSON	stered office or regis	tered agent, or both, in the State of F	Florida. 04/01/2024
		stered office or regis	tered agent, or both, in the State of F	
SIGNATUR	E: DARRIN JOHNSON	istered office or regis	tered agent, or both, in the State of F	04/01/2024
SIGNATUR	E: DARRIN JOHNSON Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of F	04/01/2024
SIGNATURI Authorized	E: DARRIN JOHNSON Electronic Signature of Registered Agent Person(s) Detail :			04/01/2024
SIGNATURE Authorized	E: DARRIN JOHNSON Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	04/01/2024
SIGNATURE Authorized Title Name	E: DARRIN JOHNSON Electronic Signature of Registered Agent Person(s) Detail : MGR RAWSON, CODY 106 STONE BLVD	Title Name	MGR RAWSON, DONNA 106 STONE BLVD	04/01/2024
SIGNATURE Authorized Title Name Address	E: DARRIN JOHNSON Electronic Signature of Registered Agent Person(s) Detail : MGR RAWSON, CODY 106 STONE BLVD	Title Name Address	MGR RAWSON, DONNA 106 STONE BLVD	04/01/2024
SIGNATURE Authorized Title Name Address City-State-Zip:	E: DARRIN JOHNSON Electronic Signature of Registered Agent Person(s) Detail : MGR RAWSON, CODY 106 STONE BLVD CANTONMENT FL 32533	Title Name Address	MGR RAWSON, DONNA 106 STONE BLVD	04/01/2024
SIGNATURE Authorized Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent  Person(s) Detail:  MGR  RAWSON, CODY 106 STONE BLVD CANTONMENT FL 32533  MGR	Title Name Address	MGR RAWSON, DONNA 106 STONE BLVD	04/01/2024

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CODY RAWSON

MGR

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L05000073571

Entity Name: BLACK GOLD OF NORTHWEST FLORIDA, LLC

## **Current Principal Place of Business:**

FILED Apr 01, 2024 Secretary of State 7324782179CC

Date