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DIVISION OF CORE BRATIONS

O SIMMONS OCT 26 2016

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	THC Ventures 7, LLC	
5020		e of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
Edwa	ard P. Kelly	
	Name of Person	
Trog	Hawley Capital, LLC	
	Firm/Company	
501 \	/illage Boulevard, Suite 2	
	Address	
West	Palm Beach, FL 33409	
	City/State and Zip Code	
ekelly	y@troghawley.com	,
Ī	E-mail address: (to be used for future ann	ual report notification)
For fu	rther information concerning this matter,	please call:
Edwa	ard Kelly	561 768-7751
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:
	☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHSI	8 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: THC Ventures	7, L	LC		
2	(a)	501 Village Blvd		_(b) 501 Vi	llage Blvd	_
۷.	(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Suite 2		Suite 2	2	
		West Palm Beach, FL 33409	-	West F	Palm Beach, FL 33409	_
		01/21/2014		L14000	010950	
3.		Date of filing/registration in Florida	4.		Document number	_
5.	(a)	Trog Hawley Capital, LLC				
٦.	(a)	Registered Agent and Registered Office shown on the records of the	e Flori	da Dept. of St	 tate:	
		354 Toney Penna Drive				
		Registered Office Address (MUST BE FLORIDA STREET AD	DRE.	SS)		
		Suite 1			16 미선	
		Jupiter ,FL3	340	9	oc:	n
					24 of c	1
	(b)	Enter name of NEW Registered Agent and/or NEW Registered O	office o	ddross:	- ORE A	11
		Enter name of NEW Registered Agent and/or NEW Registered O	rince a	iuuress.	AM 11: 51	
		501 Village Blvd			5 1	
		NEW Registered Office Address:			-	
		Suite 2			_	
		West Palm Beach	340	9		
the ag wa the state of the stat	e cha ent was/we e arti Signat herele ovisi e obl. mere tified	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cless of organization or the operating agreement of the limited of a member of all statutes relative to the proper and complete points of all statutes relative to the proper and complete points of my position as registered agent as provided poly reflect a change in the registered office address, I he is in writing of this change.	he regility the limited Al erford in the reby	gistered officompany, it mited liabil liability con DAM RYA CAN THE HEAD CONTROL TO THE METERS OF T	ice and the business office of the register is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. AN, MANAGING DIRECTOR OF Printed or typed name of signee Printe	_
	IKC	Division of Corporations P.O. Bo			assee, FL 32314	