111000059301

| (Requestor's Name) | | | | |
|-----------------------------------------|----------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|
| New Florida Ventures Minin | ıg, LLC | | |
| | ne of Limite | d Liability Company | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Off | ice Change | and fee(s) are submitted for filing. | |
| Please return all correspondence concerning th | is matter to | the following: | • |
| Greg Cicotte | | | |
| Name of Person | | | |
| | · | | |
| Firm/Company | | | |
| 874 South Curtiswood Lane | | | |
| Address | | | |
| Nashville, TN 37204 | | | TA SI 6 |
| City/State and Zip Code | | | CRE |
| greg.cicotte@jackson.com | | | AUG I |
| E-mail address: (to be used for future ann | iual report n | otification) | TARY OF |
| For further information concerning this matter, | , please call: | : | D MH II: 26 F STATE FLORID |
| John Paulich III, Esq. | 239 | 598-3601 | : 26 ATE RIDA |
| Name of Person | | Area Code & Daytime Telephon | e 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 Taliahassee, Florida 32314 | | |
| Enclosed is a check for the following | amount: | | |
| \$25 Filing Fee | | \$55 Filing Fee & Certified Copy | |
| INHS18 (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.

| (b) 874 South Curtiswood Lane | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| address of limited liability company: :: MAY BE POST OFFICE BOX) | |
| 37204 | |
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| ment number | |
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| it is hereby confirmed that after the business office of the registere by confirmed that the change(s) pany or as otherwise provided in | |
| d or typed name of signee | |
| I further agree to comply with the and I am familiar with and accep Or, if this document is being filed nited liability company has been | |
| | |