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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE
SEVEN MILE VENTURES PLLC

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2022 FEB 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.

Name of the limited liability con	SEVEN MILE VE	ENTURES	PLLC	
(a) 6976 N CALUMENT CIRCLE		(b)	6976 N CALUMENT CIRCLE	
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)	
LAKE WORTH, FL 33467			LAKE WORTH, FL 33467	
03/29/2021		·	.21000146445	
Date of filing/registr (a) SCHICK, JEFFREY H	ation in Florida	4.	Document number	
Registered Agent and Registered O 8401 LAKE WORTH ROAD	flice shown on the records of	the Florida L		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 230			THE IN PH 5: 12	
LAKE WORTH	AKE WORTH , FL 33467		T F M	
(b) Corporate Creations Network It			THE THE THE	
Enter name of NEW Registered A	gent and/or NEW Registered	Office add	lress:	
801 US Highway 1			····	
NEW Registered Office Address:				
North Palm Beach	FI	33408		
nange or changes are made, the Florent will be identical. Or, in the cast/were authorized by an affirmation or the op.  July  July	orida street address of the use of a Florida limited lia we vote of the members of the erating agreement of the Lauren Ut	registered ability con of the limit limited lia	State of Florida, it is hereby confirmed that after the d office and the business office of the registered inpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company.  d. Attorney-in-Fact for SCHICK, JEFFREY H, MG	
Signature of a member or authorized repr			Printed or typed name of signee	
hereby accept the appointment as ovisions of all statutes relative to e obligations of my position as reg merely reflect a change in the reg otified in writing of this change.	registered agent and agi the proper and complete sistered agent as provide sistered office address, I	ree to act i performat d for in Cl hereby cor	in this capacity. I further agree to comply with the ence of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been	
Lauren Underwoo	d, Special Secretary			