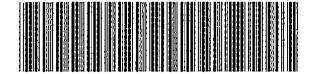
## L23000063005

(F	Requestor's Name)			
(A	Address)			
(A	Address)			
(C	City/State/Zip/Phone #			
PICK-UP	MAIT	MAIL MAIL		
(E	Business Entity Name)			
()	Occument Number)			
Certified Copies	Certificates of	Certificates of Status		
Special Instructions to Fi	ling Officer:			
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## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/29/2023

**NAME**: KATANA VENTURES LLC

TYPE OF FILING: CHANGE OF RA

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

PUHA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FUR 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.

(a)	ame of the limited liability company: KATANA VENT			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· (		Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)
	739 CRANDON BLVD APT 301		739 CF	RANDON BLVD APT 301
	KEY BISCAYNE, FL 33149		KEY B	ISCAYNE, FL 33149
	02/02/2023		L230000630	05
	Date of filing/registration in Florida	4.		Document number
(a)				
(41)	Registered Agent and Registered Office shown on the records of BUSINESS FILINGS INCORPORATED	f the Florid	la Dept. of State	::
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	
	1200 SOUTH PINE ISLAND ROAD			20)
	PLANTATION F	, 33324		
	, 111	1		•
(b)				
` .	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	:
	Florida Filing & Search Services, Inc.			9: 5ા
	NEW Registered Office Address:			
	155 Office Plaza Drive, Suite A			
	Tallahassee . Fl	32301		
ange ent v is/wi	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization of the operating agreement of the	e register lability co of the lir	ed office and ompany, it is nited liability	I the business office of the regi- hereby confirmed that the cha- company or as otherwise pro- pany.
Silena	ture of a member or authorized representative of a member			Printed or typed name of signee
herei	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. I	ree to ac perform	t in this capa nance of my d	city. I further agree to comp uties, and I am familiar with E.S. Or if this document is