

A22 006660714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

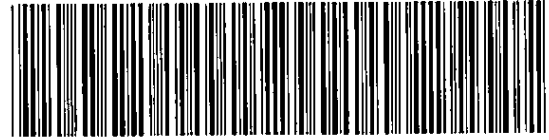
(Business Entity Name)

(Document Number)

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2023 APR -7 PM 12:38

ALLAHASSELL, LLC

2023 APR -7 PM 12:27

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Venatore Mission Support Services LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A22000000714

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

William H. Trice III

Contact Person

Venatore LLC

Firm/Company

501 E. Kennedy Blvd., Suite 801

Address

Tampa, FL 33602

City, State and Zip Code

hunter.trice@venatore.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William H. Trice III

at ( 813 ) 777-9368

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022-11-17 PM 12:38

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Venatore Mission Support Services LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/27/2022

Date of filing/registration in Florida

3. A22000000714

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

William H. Trice III

Name

1302 N. 19th St., Suite 125

Address

Tampa, FL 33605

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

William H. Trice III

Name

501 E. Kennedy Blvd., Suite 802

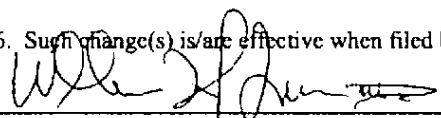
Florida street address (P.O. Box not acceptable)

Tampa

FL 33602

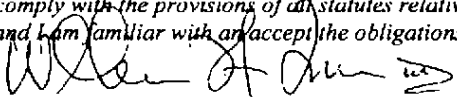
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.



Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



Signature of Registered Agent

2022-12-27 11:28:38