

F13000000949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

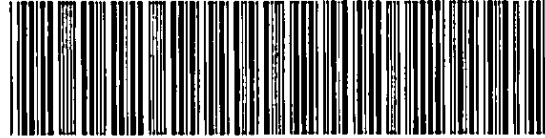
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/06/18--01027--024 \*\*25.00

03/06/18--01025--003 \*\*10.00

2018 MAR -5 PM 4:09

MAR 07 2018  
C McNAIR

FEB 08 2018  
C McNAIR

CSC – NCH – IFF

TO: PHYSICAL: Dept. of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

MAILING: Dept. of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

2018 MAR -5 PM 4:55

FROM: National Corporate Headquarters, Inc.  
5605 Riggins Court Suite 200  
Reno NV 89502  
(800) 638-2320  
(775) 329-0852

DATE: Wednesday, January 31, 2018

*SENT VIA USPS*

To Whom It May Concern:

Attached, please find the following document(s):

- Change of Registered Agent

For **FOUR C VENTURES, INC**

We have included payment in the amount of \$25.00 for the following fees:

- Change of Registered Agent

We have included one original and one copy of the Articles.

If there are any questions, please call 800-542-2077

**Please return the file stamped copy of the Articles to the address below:**

Renewal Department  
5605 Riggins Court Suite 200  
Reno NV 89502

# COVER LETTER

2018 MAR -5 PM 4:10

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FOUR C VENTURES, INC  
Name of Corporation

**DOCUMENT NUMBER:** F13000000949

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Name of Contact Person

CORPORATE SERVICE CENTER  
Firm/Company

5605 RIGGINS CT. STE. 200  
Address

RENO, NV 89502  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer Esquivel at ( 800 ) 542-2077 Ext. 2243  
Name of Contact Person Area Code & Daytime Telephone Number

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0562, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NEVADA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FOUR C VENTURES, INC
2. The principal office address: 6427 SW 37TH WAY  
GAINESVILLE, FL 32608
3. The mailing address (if different): 6427 SW 37TH WAY  
GAINESVILLE, FL 32608
4. Date of incorporation/qualification: 02/28/2013 Document number: F 13000000949
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BUSINESS FILINGS INCORPORATED

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc.

3030 N. Rocky Point Dr. STE 150A

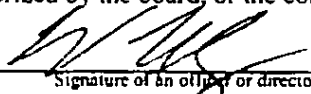
P.O. Box NOT acceptable

Tampa FL 33607

2018 MAR -5 PM 4:10

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Warren Curry, Director  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Bill Havre  
Signature of Registered Agent

12/13/2017  
Date

If signing on behalf of an entity:

Bill Havre  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314