## F13000002265

| (Re                                     | equestor's Name)   | 102             |  |  |
|---|--------------------|-----------------|--|--|
| (Ad                                     | dress)             |                 |  |  |
| (Ad                                     | ldress)            |                 |  |  |
| (Cit                                    | ty/State/Zip/Phone | <del>:</del> #) |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL            |  |  |
| (Business Entity Name)                  |                    |                 |  |  |
| (Document Number)                       |                    |                 |  |  |
| Certified Copies                        | _ Certificates     | of Status       |  |  |
| Special Instructions to Filing Officer: |                    |                 |  |  |
|   |                    |                 |  |  |
|   |                    |                 |  |  |
|   |                    |                 |  |  |

Office Use Only



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08/17/16--01012--007 \*\*35.00



AUG 2 9 7018 C. CARROTHERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: August 15, 2016

Order#: 243385-023

Re: VENSURE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX\_\_\_ Check in the amount of \$\_35\_\_.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of c  | change is submitted for a corporation or   | 0502, 607.1508, or 617.1508, Florida Statut<br>ganized under the laws of the State of DE<br>gistered agent, or both, in the State of Florid                         |               |
|---|--|---|---------------|
| 1. The name of  | of the corporation: VENSURE, INC.  |   |               |
|   | oal office address:<br>COLN ROAD, 4TH FLOOR, MIAMI BEA                                     | ACH, FL 33139   |               |
| 3. The mailing  | g address (if different): 20 Gatehouse R   | load, Amherst, MA 01002   |               |
| 4. Date of inco   | orporation/qualification: 05/22/2013   | Document number: F1300000226  | 55            |
|   | and street address of the current registers<br>partment of State: (If resigned, enter resi | ed agent and registered office on file with the igned)  | -             |
|   | NRAI SERVICES, INC   |   |               |
|   | 1200 SOUTH PINE ISLAND ROAD  |   |               |
|   | PLANTATION   | FL 33324  |               |
| 6. The name a (if changed)  | <b>-</b>   | agent (if changed) and /or registered office  | ·             |
|   | Corporation Service Company  |   | 22            |
|   | 1201 Hays Street   |   | ZIII AUG 17   |
|   |  | NOT acceptable  |               |
| •   | Tallahassee  | FL 32301  | TE P          |
| The street add as changed wi  | dress of its registered office and the stream the identical.                               | eet address of the business office of its regis   | stered agent, |
| Such change authorized by   | was authorized by resolution duly adop<br>the board, or the corporation has been           | oted by its board of directors or by an office notified in writing of the change.   | er so         |
| X   | ie E agni  | Jill Cilmi, Vice President  |               |
| I hereby acce<br>I further agre<br>performance<br>agent. Or, if<br>hereby confirm | of mv duties, and I am familiar with an  | statutes relative to the proper and complete and accept the obligation of my position as reflect a change in the registered office added in writing of this change. | egistered     |
| By: T   | Signature of Registered Agent  | 08/12/2016 Date   |               |
|   | behalf of an entity:   |   |               |
| Grace E. Kirb   | by, Assistant Vice President   |   |               |
|   | Typed or Printed Name  |   |               |

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