J31877

(Requestor's Name)						
. (Ad	dress)					
	ldress)					
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Do	cument Number)					
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
,						

Office Use Only



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TAKE:

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COVER LETTER

TO: Amendment Section Division of Corpora						
SUBJECT:	VENTURA		INC. of Corporation	on)		
DOCUMENT NUMBER:	J3187	7				
The enclosed Statement of	Change of Reg	sistered C	Office/Agent	and fee are submitted for filing.		
Please return all correspond	lence concerni	ng this m	atter to the fo	ollowing:		
	LOUISE 1					
		(Name of	f Contact Per	son)		
	57E-NIM(11) 3	TNINI	TNC			
	VENTURA		n/Company)			
		`	• • • •			
	14805SH	ERADAN	STREET	, APT. G-7		
		(Address)	•		
	HOLLYWOOD, FLORIDA 33020					
(City/State and Zip Code)						
For further information con	cerning this m	atter, ple	ase call:			
LOUISE M. PROVI (Name of Co	ENZANO - ontact Person)	DIREC	CTOR at (954) 922–4655 Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.						
Ma	ailing Address	<u>:</u>		Street Address:		
Ar	nendment Sec	tion		Amendment Section		
	vision of Cor D. Box 6327	poration	IS	Division of Corporations Clifton Building		
1.0	J. DUA 032/			Chiton Dunumg		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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

Pursuant to the provisions of statement of change is submit in order to change it.	ted for a corporation organ		ate of FLORIDA	
The name of the corporatio	n: VENTURA INI	N, INC.		
2. The principal office address: 1430 SHERIDAN STREET, APT G=71				
	HOLLYWOOD,	FLORIDA 33020		
3. The mailing address (if diff	erent): SAME AS ABO	OVE		
4. Date of incorporation/quali	fication: 09-05-86	Document number:	J31877	
The name and street address Florida Department of State	_	gent and registered office on	file with the	
VINCE	NT PROVENZANO (I	DECEASED)		
	NORTH FEDERAL H			
HOLLY	WOOD, FLORIDA	33020		
6. The name and street addres (if changed):	s of the new registered age	nt (if changed) and /or registe	22 SEE	
LOUISI	E M. PROVENZANO			
1430 8	SHERIDAN STREET	, APT G-7		
	(P.O. Box NOT acceptable		DE 2	
HOLLYV	WOOD, FLORIDA 3	3020		
The street address of its reginal as changed will be identical.	stered office and the street	address of the business offi	ce of its registered agent,	
Such change was authorized authorized by the board, or t	by resolution duly adopte he corporation has been no	ed by its board of directors of other characters of the character of the c	r by an officer so	
1 - W	0 -		NZANO - TRUSTEE	
(Signature of an officer of	director) Saro	DERECTOR (Printed or typed r	name and title)	
I hereby accept the appointn I further agree to comply wit of my duties, and I am famili document is being filed mere corporation has been notifie	h the provisions of all sta ar with and accept the ob ly to reflect a change in t	tutes relative to the proper a ligation of my position as re he registered office address,	ity. ind complete performance gistered agent. Or, if this I hereby confirm that the	
Louis M	Pana	09-18-06		
LOUISE M. PROVENZ	Rosen Jano red Agent)	(Date)		
If signing on behalf of an en				
(Typed or Printed N	lame)	•		