## LOOOOOOOOOSSS Venry Company, Lic Requester's Name 214 N. Adams St. Address Quincy Ft. 32352 City/State/Zip Phone #

	Office Use Only			
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):			
1. Ventry Company,	UC			
(Corporation Name)	(Document #)			
2	(Document #)			
(Corporation Name)	(Document #) — 04/19/02- *******35.(	01059002 00 *****35.00		
3(Corporation Name)	(Document #)	<u>—</u>		
(Corporation (Value)	(Document #)			
4(Corporation Name)	(Document #)	·		
☐ Walk in ☐ Pick up time	Certified Copy			
☐ Mail out ☐ Will wait	Photocopy Certificate of Si	tatus		
		02.1 120		
NEW FILINGS	AMENDMENTS	AR FILL 02 MBY 24 SECRETARY SECRETARY		
☐ Profit☐ Not for Profit	Amendment Resignation of R.A., Officer/Director			
Limited Liability	Change of Registered Agent			
☐ Domestication Other	<ul><li>Dissolution/Withdrawal</li><li>Merger</li></ul>			
OTHER FILINGS	REGISTRATION/QUALIFICATION	-		
☐ Annual Report	☐ Foreign	-		
Fictitious Name	Limited Partnership Reinstatement			
	☐ Trademark	TB		
	Other	# E		

**Examiner's Initials** 

CR2E031(7/97)

## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 24, 2002

VENTRY COMPANY, LLC 216 N ADAMS ST. QUINCY, FL 32352

SUBJECT: VENTRY COMPANY, LLC

Ref. Number: L00000010388

We have received your document for VENTRY COMPANY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following:

The form you submitted is to change the registered agent of a corporation. Please complete the enclosed form to change the agent of a limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 002A00024899

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

	•				
1. The name of the limite	d liability company is:	Ventry Company, L	LC		<u></u> .
2. The mailing address of	the limited liability co	mpany is: 216 N. Ada	ms Street		
_	·	Quincy, Fl	orida 32352.		
August 29, 2000		10000001	.0388		
3. Date of filing/registrati	on in Florida	4. Documen	t number		
5. The name of the registe Florida Department of S	red agent and the regist	ered office address as sho	own on the record	is of th	ıe
1 1011aa Dopartiioiii ox	Van P. Geeker	,			
		Name			
	1322 Thomaswood		<del>===</del>	=:	_
		Address			2
	Tallahassee, Flo	rida 32312 State and Zip	-		
6. The name and address of				ASSEE	21 :1111/1 12 AVA 20
	Van P. Geeker			CUL STATE	>
•		Vame	<del></del>	32	
,	Igler & Doughert		<del></del>		N.
		(P.O. Box NOT accepta	ble)		
	1501 Park Avenue Tallahassee	East FL 32301			
		tate and Zip			
If the limited liability comconfirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of	nange or changes are methe registered agent with the confirmed that the diability company or a	ade, the Florida street add ill be identical. Or, in the change(s) was/were auth as otherwise provided in t	iress of the regist	ered of limite	ffice d
(Signature of a member or authori	zed representative of a membe	r)	-		•
Frank Venn (Printed or typed name of signee)	try				
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered as sof all statutes relative d accept the obligation his document is being that the limited liabilit	gent and agree to act in the to the proper and comples of my position as registabled to merely reflect a cly company has been noting	is capacity. I fur ete performance ered agent as pro lange in the regis fied in writing of	rther a of my o vided j stered o this ch	gree to duties, for in office ange.

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

INHS18(10/99)

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**FILING FEE: \$25.00**