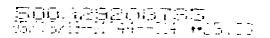
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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: May 7, 2019

Order#: 731030/009

Re: PALMETTO VENTURES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Baronie c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

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

INCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

Name of the limited liability company: PALMETTO VENTURES, LLC					
2.	(a)	1605 MAIN STREET	_ (b)	1990 MA	IN STREET
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
		SUITE 905	_	SUITE 801	
		SARASOTA, FL 34236		SARASOT	A, FL 34236
		01/16/2003		L03000001	990
3.		Date of filing/registration in Florida	4,	[]	Document number
5.	(a)	CORPCO, INC.			
		Registered Agent and Registered Office shown on the records of the	he Florida I	Dept. of State:	
901 PONCE DE LEON BLVD.					
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		10TH FLOOR	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		CORAL GABLES , FI,	33134		S 2 (
					SECO HAY
	(b)	S) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:			3 4
		and the state of t	VILLE AGE	<u>v</u> .	- w
		1201 Hays Street			7 / **** **** **** **** **** **** ****
		NEW Registered Office Address:		 -	172 D
			·		PH IZ: 02
					, ,
		Tallahassee , FL	32301		
the ag wa	e cha ent w is/we	mited liability company is not organized under the law age or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of the of organization or the operating agreement of the l	the regist bility cor [the limit	ered office a npany, it is l ted liability of	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
<u> </u>				han Mitchel	
Signature of a member or authorized representative of a member Printed or typed name of signee					
pro the to no	ovisie e obli mere tified	by accept the appointment as registered agent and agree ins of all statutes relative to the proper and complete to gations of my position as registered agent as provided by reflect a change in the registered office address. I have a change in the registered office address. I have a conference of Registered Agent Corporation Service Company	performa for in Cl ereby coi	nce of my du hapter 605, i har that th	ities, and I am familiar with and accept
- 1	_	Division of Company R.O. P.			•