

LD6000109429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

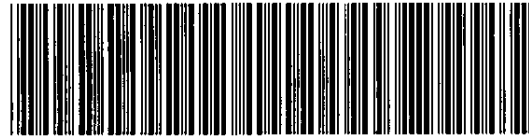
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

JUL 11 2011

EXAMINER



900209365319

900209365319
07/08/11--01017--004 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL -8 AM 11:09

COVER LETTER

TO: Registration Section
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL -8 AM 11:09

SUBJECT: Veracious Ventures, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Stevens

Name of Person

Veracious Ventures, LLC

Firm/Company

521 Wexford Drive

Address

Venice, Florida 34293

City/State and Zip Code

sara2wills@verizon.net

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

For further information concerning this matter, please call:

Sarah Stevens

Name of Person

at (941)

408-7930

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: Veracious Ventures, LLC

2. (a) Principal office address of limited liability company: 521 Wexford Drive

(Note: MUST BE STREET ADDRESS)

Venice, Florida 34293

(b) Mailing address of limited liability company:

521 Wexford Drive

(Note: MAY BE POST OFFICE BOX)

Venice, Florida 34293

11/13/2006

3. Date of filing/registration in Florida

L06000109429

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: LPS Corporate Services, Inc.

Registered Office Address: 46 N. Washington Blvd. #1
Sarasota, Florida 34236

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: William Stevens

NEW Registered Office Address: 521 Wexford Drive

(MUST BE FLORIDA STREET ADDRESS) Venice, FL 34293

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Sarah Stevens
Signature of a member or authorized representative of a member

Sarah Stevens

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

W. STEVENS
Signature of Registered Agent

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

FILING FEE: \$25.00