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J. SAULSBERRY EXAMINER JAN 0 1 2013

COVER LETTER

Division of Corporations		
	venue Global, LLC	
Dear Sir or Madam:		
	o Change and for(a) are submitted for filling	
The enclosed Registered Agent/Registered Offic		
Please return all correspondence concerning this	matter to the following:	
Jonathan Pardo Name of Person	SECRETARY TAKETARY TAKETARY TAKETARY	
Free Association Manag	(D)	
33 Nassau Ave. Suite 89		
Brooklyn, Ny 11222 C ty/State and Zip Code		
Pardo & Free association E-mail address: (To be used for future annual report notification)	n.co	
For further information concerning this matter, p	lease call:	
Jonathan Pardo at	646-567-7589 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.

agent, or both, in the state of Florida.	
1. Name of the limited liability company:	Boyce Avenue Global, LLC
2. (a) Principal office address of limited liability con	mpany:
(Note: MUST BE STREET ADDRESS)	4475-E ASHTON ROAD SARASOTA FL 34238
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	2250 DOUGLAS BLVD, SUITE 160 ROSEVILLE CA 95661
01/30/2007	L07000010713
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:
Registered Agent:	MANZANO, ROBERTO E
Registered Office Address:	4475-E Ashton Road Sarasota, FL 34238
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	
	Loxahatchee ▷,FL33470
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability confirmed that the charmon the operating agreement of the limited liability confirmed that the charmon the operating agreement of the limited liability confirmed that the charmon that the ch	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote
Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the application of all statutes relative to the application of a Chapter 618, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirms the limited liability confirms the limited liability confirms that the limited liability confirms the liability confirms the limited liability confirms the liability confir	
Signature of Registered Agent	
Division of Corporations, P.O. B	·