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(Re	equestor's Name)					
(Address)						
(Ac	ldress)					
(Ci	ty/State/Zip/Phone	e#)				
PICK-UP	WAIT .	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
OCT 1 2 2012 S. TONER						

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SECRETARY OF STATE
TALLANASSEE, FRORMA

COVER LETTER

10;	Division of Corporations		٠					
SUBJ	JECT:	Vendition	o Grou	ıp, LL(C			
	Name of Limited Liability Company							
Dear	Sir or Madam:							
The e	nclosed Registered Agent/Registere	d Office C	Change a	and fee(s	s) are submitted for filing.			
Please	e return all correspondence concerni	ng this ma	atter to t	he follo	wing:			
	Brian Money Name of Person			_				
	Venditio Group, LLC Firm/Company			_				
	30 Iroquois Ave			-				
	Saint Augustine, FL 320 City/State and Zip Code	84		_				
	brian.money@gmail.co	m ert notification	n)	-				
For fi	urther information concerning this m	atter, plea	se call:					
	Brian Money	at (904)	417-8120			
	Name of Person		Λ	irea Code a	& Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regi Divis P.O.	stration S sion of C Box 632	Corporations	·		
	Enclosed is a check for the follow	ving amo	unt:					
	\$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.

Name of the limited liability company:	Venditio Group, LLC			
2. (a) Principal office address of limited liability compar	any: 30 Iroquois Ave			
(Note: MUST BE STREET ADDRESS)	Saint Augustine, FL	32084		
(b) Mailing address of limited liability company:	30 Iroquois A	ve		
(Note: MAY BE POST OFFICE BOX)	Saint Augustine, FL	32084		
10/4/2012	L07000	021194		
3. Date of filing/registration in Florida	4. Document number	_		
5. (a) Registered Agent and Registered Office shown or	the records of the Floric	la De State:		
Registered Agent:	Brian Money			
Registered Office Address:	427 SR 207 Suite 104	SSE = r		
State of the second	St. Augustine, FL 32	2084		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Brian Money	A STATE OF THE STA		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	30 Iroquois Ave			
(MUST BE FEURIDA STREET ADDRESS)	Saint Augustine	,FL <u>32084</u>		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of on the case of street of street of street of street of the case of street of the artists of the arti	the registered office a Florida limited ov an affirmative vote		
Signature of a member or authorized representative of a member				
Brian Money				
Printed or typed name of signee	$\frac{1}{ x } = \lambda_{A_{1}A_{2}A_{3}} + \lambda_{A_{2}A_{3}}$			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address. I hereby confirm that the limited liability compa	agree to act in this capa roper and complete perfo osition as registered age verely reflect a change in ny has been notified in w	city. I further agree to ormance of my duties: nt as provided for in the registered office riting of this change.		
Signature of Registered Agent	A TO THE PROPERTY OF THE PARTY	بيوسه المعادد		