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## COVER LETTER

TČ: Registration Section Division of Corporations	
SUBJECT: Barclay Ventures LLC (Name of	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	Fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Jeanne Smith (Name of Person)	<del></del>
Barclay Ventures LLC (Firm/Company)	
5824 Bee Ridge Road, #241 (Address)	
Sarasota, FL 34233 (City/State and Zip Code)	
For further information concerning this matter	r, please call:
	at (941) 779-8790
(Name of Person)	(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	g amount:
X \$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.

in the state of Florida.		
1. Name of the limited liability company: Barclay Ver	ntures, LLC	Ð
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 5824 Bee Ridge Road, #241 Sarasota, FL 34233	<b>#</b>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5824 Bee Ridge Road, #241 Sarasota, FL 34233	<b>=</b>
9/6/07	L07000091072 3 3	
3. Date of filing/registration in Florida	1 Document number	and the same of th
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Jeanne Smith	
Registered Office Address:	1366 Whitfield Ave Sarasota, FL 34243	U
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
<u><b>NEW</b></u> Registered Agent:	Incorp Services,Inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17888 67th Court North	
	Loxahatchee ,FL 33470	
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the charge confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business	S
(Signature) a member of authorized representative of a member)	<del></del>	
Jeanne Smith, Managing Member (Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified to the provinces of Registered Agent) Incorp Services, Inc.	ngree to act in this capacity. I further agree to oper and complete performance of my duties, and as registered agent as provided for in Chapter 6 change in the registered office address, I hereby d in Writing of this change.	d I 608,

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00