L07000107884

| (Requestor's Name) | | |
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| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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SECRULARY OF STATE
TALL AHASSEE FLORIDA

OVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| -UBJECT: DPG Ventures LLC (Name of Limited Liability Company) |
| Dear Sir or Magar. |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| STEVEN GREENBAUM (Name of Person) DP G Vent was LLC (Firm/Company) 3370 NE 1904 St, Unit 807 (Address) |
| Aventura FL 33180 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| STE VEN GREENBANN 305, 974 0418 (Name of Person) (Area Code & Davtime Telephone Number) |
| (Name of Person) (Area Code & Davtime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following amount: SS SS SS SS SS SS SS |
| ■ \$25 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 company submits the following statement in order to chan in the State of Fioria. | |
|--|--|
| | Ventures LLC |
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRES: | : 3370 Northeast 190th St, Apt 807 Aventura, FL 33180 |
| Wailing address of limited liability company: **Mote: MAY BE POST OFFICE BOX**) | SAME |
| 23 oct 2007 | L07000107884 |
| 3. Date of filing/registration in Florida | 4. Document numpé: |
| 5. (a) Registered Agent and Registered Office shown on t | he records of the Florida Dept. or State |
| Registered Agent: | Spiegel & Vtrava, PA |
| Registered Office Address: | 1840 Coral Way Migmi FL 33145 |
| TEW Registered Agent: | V Registered Office address: Steven Greenbaum |
| | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES.) | 3370 NE 1908 St, Apt 807 Avent ura |
| If the limited liability company is not organized under the limited that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. (Signature of a member of authorized representative of a member: | t address of the registered office and the business use of a Florida limited liability company, it is an affirmative vote of the members of the limited |
| STEVEN GREENBAUM | • |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the program 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 | gree to act in this capacity. I further agree to per and complete performance of my duties and I as registered agent as provided for in Chapter 608, hange in the registered office address; I hereby in writing of this change. |
| (Signature of Registered Age) | SS D |
| Division of Corporations. P.O. Box | 6327. Tallahassee. FL 3231- |

FILING FEE: \$25.04-