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(Re	questor's Name)					
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COVER LETTER

*Registration Section

Division of Corporations

SUBJECT:

Fare 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:

Anthony Gred

Fare Ventures, LL C

40 Box 940726 Address

Maitland Fl 31794

City/State and Zin Code

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

For further information concerning this matter, please call:

Mailing Address:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Name of Person at 1 407, 41 - 501 | Area Code & Daytime Telephone Number

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

S25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

I. Na	ume of the limited liability company: Fure Ven	itures	LLC	
2. (a)		(b)	٠١،	uturs, LLC
17	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-/-	Mailing addres	s of limited liability company:
	851 Wiles Ave#9			940726
	Window Pauli F1 32789			
	W/W GC 1 27 [-	maitlan	d, FI 31794
	5-28-09		1080	00052607
3.	Date of filing/registration in Florida	4.	Document r	number
5. (a)	Jue Panel			
	Registered Agent and Registered Office shown on the records of the		ept, of State:	
	700 W Marge Blue Ste 20			
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESSI</u>		
	Marie A. F.			2020
	WinterPak FL Anthony Grey	<u> </u>	181	
(b)	Anthony Grey			<u>.</u>
	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	<u>255</u> :	P .
	851 miles Auc #9			2:
	NEW Registered Office Address:	<u> </u>		#
	D 16	\sim	- M	
	Winter Park FL	32	789	
change	imited liability company is not organized under the law or changes are made, the Florida street address of the i	registered	office and the busines	ss office of the registered
agent v	vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of	bility com	pany, it is hereby con	firmed that the change(s)
the arti	cles of organization or the operating agreement of the I	imited lial	· · · · ·	
Signa	ture of a member or authorized representative of a member		Anthony Printed of typ	ed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I had in writing of this change.	te to act in performant for in Che ereby conf	this capacity. I furthese of my duties, and I opter 605, F.S. Or, if orm that the limited li	er agree to comply with the am familiar with and accept this document is being filed ability company has been
Signatu	re of Registered Agent			

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

IHS18 (2/14)