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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: <u>PHE</u>	YENTURES LLC Name of Limited Liability Company		
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	g this matter to the following:		
STYLIAN COCAL Name of Person	-IDES		
RHEA VENTURE Firm/Company	<del></del>		
13611 5. BIXIE HW Address	Y, UNIT 109-486		
MIAMI, FL 3317 City/State and Zip Cod	26 le		
E-mail address: (to be used for future			
For further information concerning this mat	ter, please call:		
STRIAN COCALIDES Name of Person	at (305) 733 - 8483 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the follow	ing amount:		
\$25 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.

Name of the limited liability company:	A VENTURES, LLC
2. (a) 13611 S. DIXIE HWY	(b) 13611 5 DIXIE HWY
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
UNIT 109-486	UNIT 109-486
MIAMI, FL 33176	MIAMI, FL 33176
8/11/2008	L08000076588
3. Date of filing/registration in Florida	4. Document number
5. (a) BENTAMIN R. ALVAR	:E2
Registered Agent and Registered Office shown on the records of the	•
75 VALENCIA AVE	, 8TH FLOOR
Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)
	000
COPAL GABLES ,FL	33/34
(b)STYLIAN COCALIDES	Office address:
Enter name of NEW Registered Agent and/or NEW Registered	
13611 S. DIXIE HW	(Y
NEW Registered Office Address:	
UNIT 109-486	
	33174
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) f the limited liability company or as otherwise provided in limited liability company.
-Alexander - Alexander - Alexa	STYLIAN COCALIDES Printed or typed name of signee
Signature of a member of authorized representative of a member	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete parties that the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I have notified in writing of the change.	e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been

Signature of Register