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J SHIVERS

COVER LETTER

Division of Corporations							
SUBJECT: Ventura Services 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:							
Simmy Jerry Pinto Name of Person							
Ventura Services LLC. Firm/Company							
402 N. Bobcock St. Sule 102. Address							
Mel bourne FL 32935 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Ingrid Pinto - Otazu at (321) 241-6540 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 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.

1. Na	me of the limited liability company: VENTU	RA	SER	n cES	LL C.	
2. (a)	402 N. Babcock st	(b)	402	Ν.	Babcock s	Sit
. ,	Principal office address of limited liability company:	_		failing address	s of limited liability o	
	(Note: MUST BE STREET ADDRESS)		•	i .	<u>' BE POST OFFICE</u> 0	<u> </u>
	Suite 102.	_	<u> </u>	ite 10	02.	
	Melbourne FL 32935	-	<u>Meibo</u>	ouine	FL 3293	5_
	02/06/2009		1 09	0 0001	2444	
3.	Date of filing/registration in Florida	4.		Document r		
5. (a)	Spiegel & Utrera P.A.					
	Registered Agent and Registered Office shown on the records of the		Dept. of State	;		
	1840 SW IInd st.					
	Registered Office Address (MUST BE FLORIDA STREET.4.	DDRESS)				
	4th Floor.				3 1	
	Miami ,FL	<u>33 l</u>	45		SEC NLL	
	Taccy P 1				DEC AHA	+2 + 2 - 2
(b)	SIVP MY Jevry Pinto Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress.		AR SS	or o
	The state of the s	<u>zinec naa</u>	<u>- C50</u> -		E O	j.
	402 N. Babcock St.				AM IO: 38 OF STATE E. FLORID	Example Exampl
	NEW Registered Office Address:				A A A	Care S
	Suite 102.				>	
	M . I . I					
	Mel bourne, FL	32	935			
If the li	mited liability company is not organized under the lawinge or changes are made, the Florida street address of t	s of the S	State of Flo	rida, it is he	ereby confirmed to	hat after
agent v	vill be identical. Or, in the case of a Florida limited lial	bility cor	npany, it is	hereby con	ifirmed that the cl	nange(s)
	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l				or as otherwise pr	ovided in
		5	mm	Jerry	Pinto ned name of signee	
Signat	ture of a member or authorized representative of a member			Printed or typ	oed 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 ely reflect a change in the registered office address. I ha	e to act s performa for in C ereby co.	n this capa nce of my d hapter 605, nfirm that t	icity. I furth luties, and I F.S. Or, if he limited I	her agree to comp am familiar with this document is iability company	oly with the and accept being filed has been
notified	d in writing of this change.	-	-			
Signatu	re of Registered AgeVt					

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