L09000080781

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600240339406

10/05/12--01013--007 **25.00

12 OCT -5 AM 10: 40

OCT - 8 2012 T. HAMPTO

COVER LETTER

	ROUP. LLC	
	ROUP, LLC	
SUBJECT: VENERGY G		
Name of Limited Liab	oility Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Corey Clive		
Name of Person		
Venergy Group, LLC		
Firm/Company		
3420 Enterprise Rd		
Address		
Fort Pierce, FL 34982 City/State and Zip Code	<u></u>	
· · · · · · · · · · · · · · · · · · ·		
Barb@VenergyGroup.com		
Barb@VenergyGroup.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please ca	all:	
Barbara Goransson at (56		
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	egistration Section	
	Division of Corporations	
\mathcal{L}	O. Box 6327	
	allahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$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.

Name of the limited liability company:	VENERGY GROUP, LLC
2. (a) Principal office address of limited liability compa	ny: 3420 Enterprise Rd
(Note: MUST BE STREET ADDRESS)	Fort Pierce, FL 34982
(b) Mailing address of limited liability company:	401 Old Dixie Hwy, #3523
(Note: MAY BE POST OFFICE BOX)	Tequesta, FL 33469
8/17/2009	L09000080781
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:
Registered Agent:	Corey Clive
Registered Office Address:	177 US Hwy One, #305 Tequesta, FL 33469
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	EW Registered Office address: Corey Clive
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3420 Enterprise Rd
	Fort Pierce ,FL 34982
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Corey Clive	Florida street address of the registered office
Printed or typed name of signee	- 5
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with end accept the obligations of my Chapter 608, F.S. Or lift this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.

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