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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Decomposed November 2)				
(Document Number)				
Cartified Carries Cartificates of Status				
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T. CLINE
AUG - 3 2011

EXAMINER

COVER LETTER

TĐ:	Registration Section Division of Corporations				
SUB.	JECT:	Venture Broth			
	,	Name of Limited Li	ability Company	(
Dear	Sir or Madam:				
The e	enclosed Registered Agent/R	egistered Office Cha	nge and fee(s) ar	re submitted for filing.	
Please	e return all correspondence	concerning this matte	r to the followin	g:	
	Louis C. Ander				
	Name of Perso	n		2011 SE(TALI	
	Louis C. Andersor	, ID BI		2011 AUG ±2 AM 11: 84 SECRETARY OF STATE TALLAHASSEE, FLORID	-
	Firm/Company			SS SS	Ĩ
-				NG +2 MII: N RETARY OF STATE AHASSEE, FLORIC	1
	224 Commercial Blv	d Suite 310		ST.	Ì
	Address	<u>a., oano o ro</u>			
	Lauderdale-by-the-S	ea, FL 33308			
	City/State and Zip	Code			
E-	bwshaw@come	rica.com nnual report notification)			
For fu	rther information concerning	g this matter, please of	all:		
	Louis C. Anderson	at (95	4)	772-8050	
	Name of Person			time Telephone Number	
	STREET/COURIER ADDI	PESS.	MAILING ADDI)FCC,	
	Registration Section		Registration Section		
	Division of Corporations		Division of Corpor		
	Clifton Building	I	P.O. Box 6327		
	2661 Executive Center Circle	7	Tallahassee, Florid	la 32314	
	Tallahassee, Florida 32301				
	Enclosed is a check for th	e 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.

-				
1. Name of the limited liability company:	Venture Brothers Capital, LLC			
2. (a) Principal office address of limited liability com	pany:			
(Note: MUST BE STREET ADDRESS)	6161 SW 20 Street Plantation, FL 33317			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	6161 SW 20 Street Plantation, FL 33317			
August 21, 2009	L0900081041			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. Estate:				
Registered Agent:	Wayne M. Adler, Esq A			
Registered Office Address:	7795 NW Beacon Square Blvd: #201 Boca Raton, FL 33487			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> . NEW Registered Agent: Barry W. Shaw				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6161 SW 20 Street Plantation ,FL 33317			
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of the operating agreement of the limited liability company.	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote therwise provided in the articles of organization			
Signature of a member or authorized representative of a member				
Barry W. Shaw, Managing Member Printed or typed name of signee				
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to a proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.			
Signature of Pagistared Agent				

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