LOGOCOIOZ468

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

Office Use Only



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10/17/11--01006--004 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2911 OCT 17 AM 8: 48

J. SAULSBERRY
EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corpo	rations							
SUBJECT:		Foley	Ventu	re, LL(5			
	Name of	f Limited	d Liabili	ty Comp	pany			_
Dear Sir or Madam:								
The enclosed Registered	Agent/Registered	Office	Change	and fee(s) are submitted	d for fili	ng.	
Please return all correspo	ndence concernin	ng this m	atter to	the follo	owing:			
With The Control of t	C. Henderson			_				
	Venture, LLC							
	n/Company			-				
	. Box 13449			-		<i>ਜ</i> ਼ਾਂ	. 2	
	duress					SECR	2011 OCT 17 AM 8: 48	
Pensa	cola, FI 32591					AAN ETA	=======================================	
City/Sta	te and Zip Code	·		-		RY (7	
						JF S	R	[]
<u>Chenderson</u> E-mail address: (to be used	<u> thginvestments</u>	s.com		<u></u>		另三	ထ္	ئر بندا
E-man address. (to be used	for future annual repor	т поинсанс)[] <i>)</i>			D.F.	81	
For further information co	oncerning this ma	tter, plea	ase call:					
Chad C. Her		at (_			528-06			_
Name of Perso	on		F	Area Code	& Daytime Telephor	ne Number		
STREET/COURIE	CR ADDRESS:		MA	ILING A	ADDRESS:			
Registration Section	<u> </u>							
Division of Corpora	tions				Corporations			
Clifton Building 2661 Executive Cen	star Cirola			Box 632	:/ Florida 32314			
Tallahassee, Florida			Tana	iliassee, i	F1011ua 32314			
Enclosed is a che	ck for the follow	ing amo	unt:					
\$25 Filing Fee			\$55	Filing	Fee & Certified	l 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:	Foley Venture, LLC
2. (a) Principal office address of limited liability company:	004144 70 04
(Note: MUST BE STREET ADDRESS)	Pensacola, Fl. 32502
	I-MINGHAIL, III WEUWE
(b) Mailing address of limited liability company:	P. O. Box 13449
(Note: MAY BE POST OFFICE BOX)	Pensacola, Fl 32591
10-22-2009	L09000102468
3. Date of filing/registration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	Ann V. Mcintyre
Registered Office Address:	1800 East Maxwell St.
	Pensacola, Fl 32503
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address: Chad C. Henderson
NEW Registered Office Address:	
	801 W. Romana St.
	Pensacola. ,FL32502
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Chad C. Henderson Printed or typed name of signee I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of the provisions of the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mercaddress, Thereby confirm that the limited liability company	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
address, Thereby confirm that the limited liability company Signature of Registered Agent	has been notified in writing of this change.

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