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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporation	ns .
SUBJECT:	HOBE SOUND VENTURES, LLC Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agen	t/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence	ce concerning this matter to the following:
James P. C	
Name of P	erson
James P. C	
r macon	pany .
915 17th Stre	
·Address	and the second of the second o
915 17th Street, Suite 106 City/State and robyn@jcov E-mail address: (to be used for fut For further information concer	Zip Code Veylaw.com ure annual report notification) This matter, please call:
James P. Covey, I	Esq. at (772) 770-6160 Area Code & Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	Registration Section Division of Corporations P.O. Box 6327 Circle Tallahassee, Florida 32314
Enclosed is a check for	or 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.

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