

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000162728 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARPER MEYER 6

Account Number: I20090000060

Phone

: (305)577-3443

Fax Number

; (305)577-9921

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please . Email Address:

LLC REGIS	STERED AG	ENT CHA	ANGE

THE REPORT OF THE PROPERTY OF

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

VENEGAS INTERNATIONAL GROUP LLC

Electronic Filing Menu

Corporate Filing Menu

Help

H16000162728 3

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: VENEGAS INTERNATON	AL GROUP LLC	,
	me of Limited Liability Company	,,,,,,
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	his matter to the following:	
Ronald Albert, Jr., Esq.		
Name of Person		
Harper Meyer Perez Hagen O'Connor	Albert & Dribin LLP	
Firm/Company		
201 South Biscayne Blvd., Suite 800		
Address		2016 TALL
Miami, Florida 33131		
City/State and Zip Code		-6 /
ralbert@harpermeyer.com		
E-mail address: (to be used for future and	nual report notification)	
For further information concerning this matter	, please cail:	2
Ronald Albert, Jr., Esq.	at () 577-3443	
Name of Person	Area Code & Daytime Teleph	ione 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	

INHS18 (2/14)

2 \$25 Filing Fee

Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

H16000162728 3

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.

		000 Biograph Blad Cuite 404
900 Biscayne Blvd., Suite 104	(b)	
Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Miami, Florida 33131		Miami, Florida 33131
April 21,2011		L110000 47 480
Date of filing/registration in Florida	4.	Document number
De La Pena Group, P.A.		
Registered Agent and Registered Office shown on the re	cords of the Florida	Dept. of State:
600 Brickell Avenue, Suite 1750		
Registered Office Address (MUST BE FLORIDA ST	TREET ADDRESS)	
Miami	₂₇ 33131	
	, FL	2016
Law Center of the Americas LLC		and the second s
Enter name of NEW Registered Agent and/or NEW Re	nistered Office add	and the second s
		(パラ) 1 (アーC)
NEW Registered Office Address:	<u></u>	
201 South Biscayne Blvd., Suite 800		
		一
Miami	_{F1} 33131	مقتر
mited liability company is not organized under nge or changes are made, the Florida street add vill be identical. Or, in the case of a Florida lin	the laws of the S lress of the registrated liability con	State of Florida, it is hereby confirmed that afte ered office and the business office of the regist npany, it is hereby confirmed that the change(s
re authorized by an affirmative vote of the men of of organization or the operating agreement	nbers of the fimit of the limited lie	ted liability company or as otherwise provided in ability company.
Fands (Pers)		ald Albert, Jr., Authorized Representative
		Printed or typed name of signee
ure of a member or authorized representative of a member		in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed from that the limited liability company has been

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