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	Requestor's Name)	
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PICK-UP	☐ WAIT ☐ MAIL	
(Business Entity Name)		
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Certified Copies	Certificates of Status	

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A. LUNT

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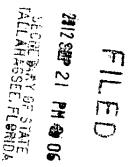
EXAMINER

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COVER LETTER

Division of Corporations	
SUBJECT: Sh	ninbone Ventures LLC
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
	A CONTRACTOR OF THE CONTRACTOR
Martin M. Kandel	ALLAHASSEE FLORID
Name of Person	
	\$5 2
	(n) (m) (m)
Shinbone Ventures LLC	
Firm/Company	
	,
4833 Kensington Park Blv	vd
Address	<u> </u>
Orlando FL 32819	
City/State and Zip Code	
martykandel@hotmail.cor E-mail address: (to be used for future annual report	notification)
For further information concerning this mat	tter, please call:
Martin M. kandel	at (480) 252-0422
Name of Person	Area Code & Daytime Telephone Number
CERTIFICATION AND PROC	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	ing 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: Shinbone	Venturs, LLC		
2. (a) Principal office address of limited liability company	: 1910 Ivanhoe Road		
(Note: MUST BE STREET ADDRESS)	Orlando, FL 32804		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	22.2 SE AN		
October 12; 2011	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	USA-RA LLC		
Registered Office Address:	841 Prydontrol Dr Floor 12-6491007 Jacksonville, FC 32207		
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office address:		
NEW Registered Agent:	Martin M Kandel		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4833 Konsington Park Blud Orlando FL 32819		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) 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 Printed or typed name of signce I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the product of the provisions of the confirment is being filed to meaddress, I hereby confirm that the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.		
Mit Kaw			

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

Signature of Registered Agent