Division of Corporation Page 1 of 1 porations **Electronic Filing Cover Sheet**

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LLC REGISTERED AGENT CHANGE VENTURE' BEATO LLC

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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' BEATO LLC

2. (a) Principal office address of limited liability compa	ny: 25032 US 19 N,
(Note: MUST BE STREET ADDRESS)	Clearwater, Florida 33763
 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 2/6/2012 2.76/2012 3. Date of filmg/registration in Florida 	25032 US 19 N, 3763 Clearwater, Florida 33763 F 25032 US 19 N, F Clearwater, Florida 33763 F L12000017231 F 4. Document number F
5. (a) Registered Agent and Registered Office shown o	in the records of the Florida Dept. of State:
Registered Agent:	Carlos Gonzales
Registered Office Address:	25032 US Highway 19N Clearwater, FL 33761
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N.</u> <u>NEW</u> Registered Agent:	EW Registered Office address: Business Filings Incorporated
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 E. Park Avenue, Tallahassee,FL_32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating presentent of the limited liability compa Signature of a member of authorized representative of a member	Florida street address of the registered office
Carlos Gonzalez Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to h address. I hereby confirm that the limited liability compo	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.
Mark Williams, AVP Business Filings Inc Signature of Registered Agent	corporated
Division of Componentians D.A. Den	(237 Tollahoran) 17 38244

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

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