

L12 0000 70774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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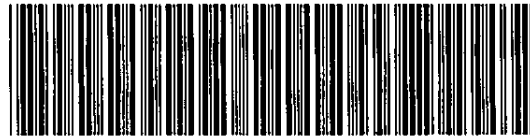
(Business Entity Name)

(Document Number)

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**FILED**  
13 JUL -8 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Old Chicago 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 this matter to the following:

Spiro Siavelis

Name of Person

SCMS, LLC

Firm/Company

9030 West Sahara Ave., Ste. 296

Address

Las Vegas, NV 89117

City/State and Zip Code

sssiavelis@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Spiro Siavelis at ( 702 ) 824 1535

Name of Person

Area Code & Daytime Telephone 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

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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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: Old Chicago Ventures, LLC

2. (a) Principal office address of limited liability company: Old Chicago Ventures, LLC  
**(Note: MUST BE STREET ADDRESS)**  
9030 West Sahara Avenue, Suite 296  
Las Vegas, NV 89117

(b) Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**  
Old Chicago Ventures, LLC  
9030 West Sahara Avenue, Suite 296  
Las Vegas, NV 89117

May 2012  
3. Date of filing/registration in Florida

L12000070774  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Northwest Registered Agent, LLC

Registered Office Address: 3030 North Rocky Point Drive  
Suite 150A  
Tampa, FL 33607

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** SCMS, LLC

**NEW Registered Office Address:** 3200 N OCEAN BLVD UNIT 807  
**(MUST BE FLORIDA STREET ADDRESS)** FT. LAUDERDALE  
FLORIDA, FL 33308

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

S. S. SIDVELIS

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

FILED  
MAY 10 2012  
TALLHASSEE, FLORIDA

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