112000 140788

(Red	questor's Name)	-			
(Address)					
(Add	fress)				
(City	//State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



400310428604

03/14/18--01015--010 **55.00

18 TORTH WITH 25

MAR 1 5 2018

COVER LETTER

	sion of Corporations	
SUBJECT:	Kelley Ventures LLC	
	Na	ame of Limited Liability Company
Dear Sir or M	ladam:	
The enclosed	Registered Agent/Registered O	Office Change and fec(s) are submitted for filing.
	all correspondence concerning t	
Kevin Kelle	a.	
	Name of Person	
Kelley Vent	tures LLC	
	Firm/Company	
550 NE 1st	Ave	
-	Address	
Hallandale	Beach, FL 3300 9	
<u> </u>	City/State and Zip Code	
E-mail a	ddress: (to be used for future an	nual report notification)
	formation concerning this matter	
Gail Kelley		
<u> </u>	Name of Person	at
STRE	ET/COURIER ADDRESS:	MAILING ADDRESS:
Regist	ration Section	Registration Section
Divisio	on of Corporations	Division of Corporations
	Building	P.O. Box 6327
	Executive Center Circle assee, Florida 32301	Tallahassee, Florida 32314
Enclos	sed is a check for the following	g amount:
□ \$25	Filing Fee	S55 Filing Fee & Certified Copy
NHS18 (2/14)		

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.

1. N	ame of the limited liability company:	Kelley Venture	s LLC		
2. (a)	550 NE 1st Ave, Hallandale B	each, FL 33009	(b)	Same	
.,	Principal office address of limited li (Note: MUST BE STREET)		_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/06/2012		- - -	.120001	40788
3.	Date of filing/registration in	Florida	4.		Document number
5. (a)	Kelley, Kevin P.				
	Registered Agent and Registered Office sho	wn on the records of the	Florida !	Dept. of Sta	_ te:
				· ·	**
	Registered Office Address (MUST BE I	<u>LORIDA STREET AD</u>	DRESS)		
	Hallandale Beach,	FL 3	3009		
(b)	CT Corporation System Enter name of NEW Registered Agent and/or NEW Registered Office address:			1 26	
	1200 South Pine Island Road	or <u>Now Registered o</u>	mee aug	<u>1655</u> .	*.
	NEW Registered Office Address:				-
	Broward County				_
	Plantation	, FL_3	3324		_
agent v was/we the arti	or changes are made, the Florida will be identical. Or, in the case of a large authorized by an affirmative vote cles of organization or the operating	street address of the florida limited liabin of the members of tagreement of the line	e regist ility con he limit	ered offic npany, it i ed liabili ability cor	- -
Signat	ure of a member or authorized tepresentative	of a member			Printed or typed name of signee
the obli to mere	ons of all statutes relative to the profi- igations of my position as registered fly reflect a change in the registered fin writing of this change	er and complete pe agent as provided f office address, I he	to act i erformat or in Cl reby cor	n this cap ace of my aapter 60. afirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Agnes	Broszczak, Asst Secretary	عاصع			
Signatur	re of Registered Agent				