L1300002751A

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)				
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	(Requestor's Name)			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	(Address)			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	(Address)			
(Business Entity Name) (Document Number)	(City/State/Zip/Phone #)			
(Document Number)	PICK-UP WAIT MAIL			
(Document Number)	(Business Entity Name)			
Certified Copies Certificates of Status	(Document Number)			
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SECRETARY OF STATE
NIT AHASSEF, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: THIRD ROOF VENTURES LLC Name of Limited Liability Company			
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:			
Richand R Pollum Name of Person			
THIRD ROOF VOLTURES LLC Firm/Company			
SS BAY On # 22cl			
NICEVILLE FL 32578 City/State and Zip Code	<u> </u>		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Richard Pourn at (Sal, 381 9300		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		



May 24, 2013

RICHARD POLLUM 55 BAY DRIVE, #2201 NICEVILLE, FL 32578

SUBJECT: THIRD REEF VENTURES, LLC

Ref. Number: L13000027569

We have received your document for THIRD REEF VENTURES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 213A00013169

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

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:	A ROOF VENTURES LIC
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 55 BAY or thereof
(b) Mailing address of limited liability company:	32578 55 BAY dr #2201
(<u>Note: MAY BE POST OFFICE BOX</u>)	NICONILLE, FR. 32578
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Richard Pollum
Registered Office Address:	ATTEMLE FE JUPITER 32678 FL 33477
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Richard Rum
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	55 BAY dr #2201 NICEVILLE ,FL 32578
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company.	Florida street address of the registered office
Signature of a member or authorized representative of a member	
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 provisions of all statutes relative to the provision of and I am familiar with and accept the obligations of my properties of the configuration of the companies of	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing afthis change.
Signature of Registered Agent	ARY 24 C
Division of Corporations, P.O. Box 6. FILING FEE: S	327, Tallahassee, FL 323147 325 00
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