

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





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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations						
SUBJECT: Vero Ventures, LLC	Name of Limited Liability Company					
D C' M l						
Dear Sir or Madam:						
The enclosed Registered Agent/Registe	red Office Change and fee(s) are submitted for filing.					
Please return all correspondence concer	rning this matter to the following:					
Louis B Vocelle, Jr						
Name of Person	n					
Firm/Company						
3333 20th St						
Address						
Vero Beach, FL 32960						
City/State and Zip	Code					
bvocelle@vocelleberg.com						
E-mail address: (to be used for fut	ure annual report notification)					
For further information concerning this	matter, please call:					
Louis B Vocelle, Jr	at (772) 562-8111					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRE	SS: MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314					
Tallahassee, Florida 32301	rananassee, propida 32314					
Enclosed is a check for the fol	llowing amount:					
☑ \$25 Filing Fee	S55 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 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.	Na	me of the limited liability company: Vero Ventures, LLC							
2. (a	t)		(t	b)					
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `			Mailing address (Note: MAY		_	
		3333 20th St		_	Same as Str	reet Address			
		Vero Beach, FL 32960	_	_					
		3/1/2013		_1	L130000320)91			
3.		Date of filing/registration in Florida	4.			Document n	umber		
5. (a)	Karen L Glasby							
		Registered Agent and Registered Office shown on the records of t	he Florida	a f	Dept. of State	:			
		3333 20th St, Vero Beach, FL 32960							
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u>S)</u>					
		3333 20th St							
(b)		Vero Beach , FL	32960				41.04	. ā	5
))	Louis B. Vocelle, Jr					HK,SS	IO JAN -2	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	ldr	ess:		7. (1.0) (1.0)	3	
		Louis B Vocelle, Jr.					7.00 J	న్లు	
		NEW Registered Office Address:			_		5	6,4	
		3333 20th St					_		
		Vero Beach Fi	32960						
the cagen was/	ha i w we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the the reginability con f the lin limited	on nit lia	ered office ipany, it is ed liability	and the busi hereby conf company or pany.	ness offi irmed th	ice of t at the (he registered change(s)
Sig	nai	are of a member or authorized representative of a member		_		Printed or type	d name of	signee	
prov the o to m	isie bli ere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	ee to ac perform d for in (iereby c	t ii iar Ch on	n this capa ice of my a iapter 605, ifirm that t	acity. I furthe luties, and I i , F.S. Or, if i the limited lid	er agree am famil this docu ability co	to con liar wit ment i ompany	aply with the th and accept is being filed whas been
<u> </u>									
21gn:	atur	re of Registered Agent							

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