Torida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : 120160000048

Phone : (800)345-4647
Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT CHANGE COLUMBUS VENTURE CAPITAL, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursua submits Florida	i the following statement in order	.0114 or 605.0116, FT to change its registe COLUMBUS VE	rea office or res	e undersigned limited liability company gistered agent, or both, in the State of ITAL, LLC		
1. Nar	ne of the Limited Liability Company					
2. (a) 8925 COLLINS AVE. APT. 7F (b) 89			(b) 8925 CC	25 COLLINS AVE. APT. 7F		
2. (2)	Principal office address of limited (Note: MUST BE STREET	liability company:	, ,	talling address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SURFSIDE, FL 33154		SURFSI	DE, FL 33154		
	4/11/2013		L13000	053276		
3.	Date of filing/registration	in Florida	l,	Document number		
5. (a)	ALEXANDRU, ADRIAN					
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	8925 COLLINS AVE. APT. 7F					
	Ragislared Office Address (MUST BE FLORIDA STREET ADDRESS)					
				:		
	SURFSIDE	, FL_3	3154			
(b)	Capitol Corporate Services, Externance of NEW Registred Agent as 515 East Park Avenue 2nd	idior <u>NEW Restitioned Off</u>	loe address:	-		
	NEW Registered Office Address:					
			0204			
	Taliahassee	, FL_3				
the cha agont t was/w the arti	inge or changes are made, the Florid vill be identical. Or, in the case of are authorized by an affirmative vol icles of organization or the operatin	da street address or the a Florida limited liabil to of the members of the g agreement of the lim	registered office ity company, it is to limited liability	ATTORNEY AT LAW		
Signs	ture of a member or authorized repedentati	ve of a member		Printed or typed name of signor		
I here provisi the obt to men nutifie	by accept the appointment as registions of all statutes relative to the prilipations of my position as registereity reflect a change in the registere of in writing of this change.	ereu ogent and agree oper and complete pet d ogent as provided fo d office address. I hen	to act in inis capit formance of my in the Chapter 605 to y confirm that	acity. I further agrees to comply with the duties, and I am Jamillar with and accept F.S. Or. If this document is being filed the limited trability company has been		
	up of Registered Agent	Leig	in Johnson	, Assistant Secretary on		
Defined of Copies Copies						
Division of Corporationse P.O. Box 6327e Taliahassee, FL 32314 FILING FEE: \$25.00						

INFESTS (2/14)