113000137694

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DIVISION OF CORPORATIONS

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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	THC Ventures 3, LLC						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to the following:					
Edwa	ard P. Kelly						
	Name of Person						
Trog	Hawley Capital, LLC						
	Firm/Company						
501 V	/illage Boulevard, Suite 2						
	Address						
West	Palm Beach, FL 33409						
	City/State and Zip Code						
ekelly	/@troghawley.com						
<u>E</u>	-mail address: (to be used for future ann	nual report notification)					
For fu	rther information concerning this matter,	please call:					
Edwa	ard Kelly	561 768-7751					
	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					
	; amount:						
	■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHS1	8 (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. Na	ame of the limited liability company: THC Ventures	s 3, L	LC				
2. (a)	501 Village Blvd		(b)	501 Vill	age Blvd		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0).		Mailing address of limited liability (Note: MAY BE POST OFFICE		:
	Suite 2		,	Suite 2			
	West Palm Beach, FL 33409	-		Vest Pa	alm Beach, FL 33409		
	9/30/2013		L	130001	37694		
3.	Date of filing/registration in Florida	4.	_		Document number		
5. (a)	Trog Hawley Capital, LLC						
5. (a)	Registered Agent and Registered Office shown on the records of the State of Toney Penna Drive	he Flor	ida D	ept. of Sta			
	Registered Office Address (MUST BE FLORIDA STREET A						
	Jupiter , FL	3340	9		N. C.	ਲ	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 501 Village Blvd	Office	addr	<u>esş</u> :	DIVISION OF CORPORATIONS	0CT 24 PH 12: 10	
	NEW Registered Office Address: Suite 2				3101	0	
		3340	19				
the charagent was/w the art Signature of the art of th	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the florida member of a member or authorized representative of a member of the appointment as registered agent and agreeions of all statutes relative to the proper and complete aligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	the rebility f the lainite A ee to a perforite for iterably	giste com imited lia DAI DAI React in man n Ch	ered office pany, it is it is bility con MRYA! HEART HEART CONTROL OF THE ART IS A PROPERTY OF	ee and the business office of the is hereby confirmed that the city company or as otherwise per mpany. N, MANAGING DIRECTO Printed or typed name of signee of the city of the large to company of the limited liability company in the limited liability company.	ne regis hange(rovided OR OF	stered s) l in
تت	Hawley Capital UC by ADAM RYAN SHAWLEY Capital UC by ADAM RYAN FILING FI	OX O3	2/	Tanana	Signal Si		