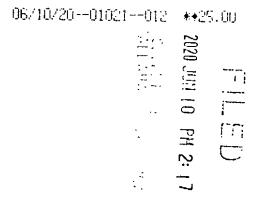
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(Requestor's Name)				
(Address)				
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: June 8, 2020

Order#: 313882/005

Re: RED CLAY VENTURES LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

l. Na	me of the limited liability company:	NTURES LLC	
2. (a)	1839 W. 24th Street	(h)	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami Beach, FL 33140		
	12/03/2013	L1300	0167702
5. (a)	Date of filing/registration in Florida Jeffrey Akin	4.	Document number
·. (a)	Registered Agent and Registered Office shown on the records of to 1839 W. 24th Street	the Florida Dept. o	f State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	20
	Miami Beach , FL	33140	1 - 1 2020 Juli 3 - 1 - 1
(b)			. 10
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	Corporation Service Company		
	NEW Registered Office Address:		· · · · 7
	1201 Hays Street		
	Tallahassee , FL	32301	
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered officability company of the limited lia	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
/s/ Je	/s/ Jeffrey Akin Jeffre		n, Member
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi he obl o merc	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h i in writing of this change.	pertormance of	my duties, and I am familiar with and accept
Signatu	re of Registered Agent	Corporation Se	rvice Company
Ami N	1. Casper, Asst. Vice President Division of Corporations • P.O. I	Box 6327● Tall	ahassee. FL 32314

FILING FEE: \$25.00