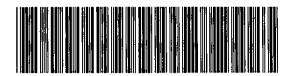
L14000010513

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	***
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Corporations		
SUBJECT:	Storo Ventures LCC 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:	
	Person	
Firm/Co	ompany	
4449 hake Calab	ay Drive	
H449 hake Calab Addre Dlando FL City/State a	32837	
glorogs@gm E-mail-address: (to be used	ail, Gon d for future annual report notification)	
For further information concern	ing this matter, please call:	
Gloria Tewar Name of Person	,	
STREET/COURIER / Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 32	Registration Section Division of Corporations P.O. Box 6327 Circle Tallahassee, Florida 32314	
Enclosed is a check for	the following amount:	
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		



July 16, 2014

GLORIA TEWARI GLORO VENTURES LLC 4449 LAKE CALABAY DRIVE ORLANDO, FL 32837

SUBJECT: GLORO VENTURES LLC

Ref. Number: L14000010513

We have received your document for GLORO VENTURES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 914A00015292

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

Pursuant to the provisions of sections 605.0144 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. • Name of the limited liability company: (b) Mailing address of limited liability company: Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) D000/0513 3. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: Lake Calabay Drive If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. 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 agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent