Division of Corporations forida-Department of State

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(((H14000164451 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6303

310001

: LEGALZOOM.COM INC. Account Name

Account Number : 120010000002

: (323)962-8600

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LLC REGISTERED AGENT CHANGE E & R VB VENTURES, LLC

Certificate of Status	0
Certificd Copy	1
Page Count	04
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July 11, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

E & R VB VENTURES, LLC 1934 22ND AVENUE VERO BEACH, FL 32960US

SUBJECT: E & R VB VENTURES, LLC

REF: L14000047018

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please fill out the form completely. We need an address for the registered agent so we can tell exactly what you are changing.

It is a change to the name of the RA.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II FAX Aud. #: H14000164451 Letter Number: 714A00014946

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P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	E & R VB Ventures, LLC			
0000011	Name of	Limited I	.iabili	ity Company
Dear Sir or I	vladam:			
The enclosed	d Registered Agent/Registered (Office Ch	ange :	and fee(s) are submitted for filing.
Picase return	all correspondence concerning	; this matt	er to	the following:
Cheyenne M	oseley			
· · · · · · · · · · · · · · · · · · ·	Name of Person			Nu
Legalzoom.	com, Inc.			
	Firm/Company			
100 W. Broa	dway Suite 100			
	Address			•
Glendale, CA	√91210			
	City/State and Zip Code			-
richvb10@ho	otmail.com			
E-mail ac	dress: (to be used for future annual report	notification)		_
For further i	nformation concerning this mat	ter, please	e call;	(
Imelda Vasq	uez	32 at (:3	962-8600 ext 7950
	Name of Person	\ <u></u>		Area Code & Daytime Telephone Number
STR Regin Divis Clifte 2661 Talla	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Ençl	losed is a check for the followi	in g am ou	nt:	
.□ \$2	25 Filing Fee	1	\$5	5 Filing Fee & Centified Copy
JNH\$18 (12/13))			

07/08/2014 01:05 7727942488

GREEN GABLES ALF

PAGE 02

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

Pursuant to the provisions of sections 605.0114, F company submits the following statement in order to t both, in the State of Florida.	flortda Statutes, the undersigned lin change ils registered office or registe	itted liability red agent, or							
1. Name of the limited liability company: E&RVBV	entures, LLC								
 (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) 	pany:								
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)									
03/21/2014	L14000047018								
3. Date of filing/registration in Florida	4. Document number	1 25							
5. (a) Registered Agent and Registered Office shown	Registered Agent and Registered Office shown on the records of the Florida Dept. of States								
Registered Agent:	RICHARD V BENSCHOTEN								
Registered Office Address:	1934 22ND AVE.	9,90							
	VERO BEACH, FL	32960							
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	NEW Registered Office address: Richard Van Bonschoten, CPA	£ 0%.							
 + -		1934 22ND AVE.							
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		20000							
20.4 D to 10.410-		L_32960							
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be iliability company. It is hereby confirmed that the change the members of the limited liability company or as oth the operating an element of the limited liability comparately compared to member authorized representative of a member	he Florida street address of the registe	red office							
Richard Van Benschoten									
Printed or typed name of signee									
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of manager old 7.5. Or I this accument is being filed to address. Thereby confirm that the limited liability com	nd agree to act in this capacity. I fart to proper and complete performance of ty position as registered agent as provi to merely reflect a change in the registe pany has been notified in writing of the	her agree to I ny duties, ided for in ired office iis change,							
Signatore of Registered Agam		1 影							
Division of Corporations, P.O. Box	x 6327, Tallahassee, FL 32314	€ 100 mg							
NHS18 (12/13)	C: 3.45.00	2							