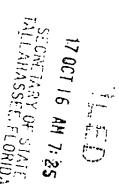
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COVER LETTER

	Registration Section Division of Corporations		·		
SUBJE	MOON VENTURES, LLC				
		ne of Limited Liab	ility Company		
Dear Sir	or Madam:				
The enc	losed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.		
Please re	eturn all correspondence concerning th	is matter to the fo	llowing:		
Jude l	Nazareth, Esq.				
	Name of Person				
Monte	z Nazareth Law				
	Firm/Company	ч			
7925	W. Russell Rd. # 401506				
	Address				
Las V	egas, NV 89140				
	City/State and Zip Code				
JEdwa	ard@MNLawNV.com				
E-r	mail address: (to be used for future and	iual report notifica	tion)		
For furth	ner information concerning this matter.	please call:			
Jude N	Nazareth, Esq.	7 0 2	9487474		
	Name of Person		Area Code & Daytime Telephone Number		
! !	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
1	Enclosed is a check for the following	amount:			
(☐ \$25 Filing Fee	\$ \$55	Filing Fee & Certified Copy		
INHS18 (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.

L. Na	ame of the limited liability company: MOON VE	NTURES	S, LLC	
2. (a)	MOON VENTURES LLC	(b) MOON VENTURES, LLC		
_, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	101 North Clematis	C/	O Montez Nazareth Law, 7925 W.	
	West Palm Beach, FL 33401	Ru	ıssell Rd. # 401506, Las Vegas NV ອາนุว	
	08/21/2014	L14	4000127545	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Richard Morosini			
., (a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	i, of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		
	1 267 Strada Milan Lane # 3			
	Naples, FI.	34105	17 SEC	
(L)	Registered Agents Inc.		17 OCT 16 AM CORE TARRY OF S LAHASSEC, FLO	
(h)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	MASS AND STATE OF THE STATE OF	
	3030 N. Rocky Point Dr.		ECFLORIAN TO STA	
	NEW Registered Office Address:		RID,	
	STE 150A			
	Tampa , FL	33607		
the cha agent v was/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registere ability compa of the limited limited liabil	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
Signa	ure of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mere natitjed	by accept the appointment as registered agent and agrous of all statules relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change. Bill Havre - Assistan	ee to act in the performance It for in Chap hereby confir t Secretary	of my duties, and Lam familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been	
Signatu	re of Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00