L 15000 16938

| (Requestor's Name) | | | | |
|---|------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT | MAIL | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Stat | us | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



400268962964

02/09/15--01012--001 **55.00

15 FEB -9 PM 3: 29

5 FM 3: 29

FEB 16 2015 T. CARTER

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|--|---|---|--------------------------------------|--|--|--|--|
| SUBJE | S&S Property Ventures, LLC | | | | | | |
| | Name of Limited Liability Company | | | | | | |
| Dear Si | r or Madam: | | | | | | |
| The end | closed Registered Agent/Registered Offic | e Change and | fee(s) are submitted for filing. | | | | |
| Please i | return all correspondence concerning this | matter to the | following: | | | | |
| Angel | a Brooks | | | | | | |
| | Name of Person | | _ | | | | |
| S&S F | Property Ventures, LLC | | | | | | |
| | Firm/Company | | | | | | |
| 4611 | W. Slauson Avenue | | | | | | |
| | Address | | _ | | | | |
| Los A | ngeles, CA 90043 | | | | | | |
| | City/State and Zip Code | | _ | | | | |
| brook | s@brooksscarpa.com | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | |
| For fur | ther information concerning this matter, | please call: | | | | | |
| Rando | olph Taylor | 909 | 967-3442 | | | | |
| | Name of Person | (| Area Code & Daytime Telephone Number | | | | |
| Registration Section Re Division of Corporations Di Clifton Building P.6 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314 | | | | | |
| Enclosed is a check for the following amount: | | | | | | | |
| | □ \$25 Filing Fee | Z2 \$5 | 55 Filing Fee & Certified Copy | | | | |
| INHS18 | 3 (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: S&S Prope | erty Vent | ures, LLC | |
|--|---|--|--|---|
| 2. (a) | 3201 Corrine Drive, #213 | • | (b) PO Box | 3257 |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (b) <u></u> | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Orlando, FL 32803 | | | |
| | January 28, 2015 | | L150000 | 16938 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | Ronald A. Scarpa | | | |
| . (.,) | Registered Agent and Registered Office shown on the records 2054 Brink Alley | s of the Flor | ida Dept. of Sta | te: |
| | Registered Office Address (MUST BE FLORIDA STREE | <u>ET ADDRE</u> | <u>(SS)</u> | |
| | Orlando | FL_3281 | 4 | SECRE TALLAH 15 FEB |
| (L) | Ronald A. Scarpa | | | 8 <u>66</u> |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> | ered Office | address: | - 9 SSE |
| | | | | PA SE |
| | NEW Registered Office Address: | | | 7777 29 29 |
| | 3201 Corrine Drive #213 | | | - A |
| | Orlando | FL_3280 | 2 | _ |
| the cha agent was/w | limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membe icless of organization or the operating agreement of | s of the re d liability ers of the l | gistered office company, it imited liabili | ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in |
| | | R | tonald A. S | <u> </u> |
| - | the of a member or authorized representative of a member | | | Printed or typed name of signee |
| I here provis the ob- to mer notifie | by accept the appointment as registered agent and jons of all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office address my riting of this change. | agree to d lefe perfor vided for it s, I hereby | act in this cap mance of my n Chapter 60 confirm that | pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |
| Signati | ire of Registered Agent | | | |
| / | Division of Corporations • P.0 | O. Box 63 | | ssee, FL 32314 |