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(Re	questor's Ñame)		
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(Cit	y/State/Zip/Phone	; #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

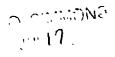
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COVER LETTER

Division of Corporations	
Scarlet Pride Property Ventures, Lt	_C
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
DAMIEN GREAVES	
Name of Person	
Firm/Company	•
10939 Winter Crest Drive	
Address	
Riverview Florida 33569	
City/State and Zip Code	
sppropertyventures@gmail.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please of	eall:
Shawn Salandy 8	68 357-9511
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amoun	t:
☐ \$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.

		(b) _	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited fizbility company:
	2083 Beekman Street NE	1	(Note: MAY BE POST OFFICE BOX) 0939 Winter Crest Drive
			0939 Winter Crest Drive
	Palm Bay, FI 32905	F	Riverview, FL 33569
	April 27th, 2015	L1	5000073665
3,	Date of filing/registration in Florida	4.	Document number
5. (a)	SHAWN SALANDY		
,, (u)	Registered Agent and Registered Office shown on the records	of the Florida De	ept. of State:
			19
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	108 Prado Way, Apt 300		'
	Jupiter	FL 33458	
	,	FL	
(b)	DAMIEN GREAVES		_ \ \footnote{\gamma}
(0)	Enter name of NEW Registered Agent and/or NEW Registe	red Office addres	
			
	NEW Registered Office Address:		
	10939 Winter Crest Drive		
	Riverview	_{FL} 33569	
			··· ·····
Coba li	mited liabilities and and in the second		
ie cha	mited liability company is not organized under the nge or changes are made, the Florida street address	of the registere	ed office and the business office of the registered
ie chai gent w	nge or changes are made, the Florida street address fill be identical. Or, in the case of a Florida limited	of the registere	ed office and the business office of the registered any, it is hereby confirmed that the change(s)
ie char gent w 'as/wc	nge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the control of th	of the registere liability comp s of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
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gent w vas/wc ne artic Signati hereh rovisida o mere	nge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the street of t	of the registere liability comps of the limited liability SHAW	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company. IN SALANDY Printed or typed name of signee this capacity. I further agree to comply with the