Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Please use original submission date 10/21/2024

(((H24000350793 3)))



H240003507933ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

F 2 3	Address:			
⊢maii	MUULESS.			



LLC REGISTERED AGENT CHANGE VENICE ISLES INVESTMENTS, LLC

	<u>-</u>
Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Please use original submission date 10/21/2024

Electronic Filing Menu

Corporate Filing Menu

Help

NOV - 8 2024

K. SALY

1/1

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. 8	lame of the limited liability company: VENICE ISLES IN	VESTA				
2. (a)	9999 E Exploration Court	_ (b	(b) 9999 E Exploration Court			
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited flability company: (Note: MAY BE POST OFFICE BOX)			
	Sturtevant, WI 53177	-	Sturtevant.	. W1 53177		
	05/29/2015		L15000094549			
 (a) 	Date of filing/registration in Florida WOODS, WEIDENMILLER, MICHETTI & RUDNICK PL	4.		Document number		
(b)		Registered Agent and Registered Office shown on the records of the Florida Dept. of State 9045 STRADA STELL COURT				
	Registered Office Address	1	MALLAHAS			
	NAPLES, FL 3	4109	·	HAS		
	C T Corporation System	SECTION RECEIPED				
	Enter name of NEW Registered Agent and/or NEW Registered O	FILED OCT 21 PM 2: 58 CRETARY OF TARRELANASSEE, FLORID/ LAHASSEE, FLORID/				
	NEW Registered Office Address:			-		
	1200 South Pine Island Road					
	Plantation FL 3	3324		_		
the chagent was/w	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the liability.	of the ne registility co the lim mited l	stered office impany, it is ited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.		
	nure of a member or authorized representative of a member			Printed or typed name of signee		
provis the ob to men notifie By:	chy accept the appointment as registered agent and agree tions of all statutes relative to the proper and complete publications of my position as registered agent as provided per reflect a change in the registered office address. I he did no writing of this change. C. T. Corporation System C. T. Corporation System	ertorni	mce of my .	duties, and Lam familiar with and accept		