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COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	THCVC, LLC				
SC BUL	Name of Limited Liability Company				
Dear Sir	or Madam:				
The encl	losed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning this r	natter to the following:			
Edward	d P. Kelly				
	Name of Person				
Trog H	lawley Capital, LLC				
	Firm/Company				
501 Vil	llage Boulevard, Suite 2				
	Address				
West F	Palm Beach, FL 33409				
	City/State and Zip Code	 ,			
ekelly@	@troghawley.com				
E-1	mail address: (to be used for future annua	l report notification)			
For furtl	her information concerning this matter, pl	ease call:			
Edward	d Kelly	561 768-7751			
	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 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.

1. 1	Name of the limited liability company: THCVC Vento	ures,	LLC		
2. (a	չ 501 Village Blvd.		(b) 501 Village Blvd		
2. (4	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· -	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 2		Suite 2		
	West Palm Beach, FL 33409	_	West Pa	alm Beach, FL 33409	
	6/12/2015		L150001	02884	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a	Trog Hawley Capital, LLC				
5. (a	Registered Agent and Registered Office shown on the records of	the Flor	rida Dept. of Sta	 te:	
	354 Toney Penna Drive				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 1			16 TALL	
	Jupiter	3340	9	OCT 24 AHASSE	
	, rL			TAR ASS	
(b))				
,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	501 Village Blvd			STATE STATE	
	NEW Registered Office Address:			-	
	Suite 2			_	
	West Palm Beach , FL	3340	9		
the c agent was/the a Sign I her provide the o to me notification.	c limited liability company is not organized under the law hange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lie were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the mature of a member or authorized representative of a member reby accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete bligations of my position as registered agent as provide arely reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered office address. I have a change in the registered of the address of the proper and complete and a provide a change in the registered of the address.	the reability of the limite limite perfoid for intereby	gistered office company, it is imited liability con Adam (Control of the Control of the Confirm that Manager (Confirm that Manager)	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Printed or typed name of signed active. 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	
·N	Division of Corporations P.O. I	JUX U.	Z/ Tallalla	ssee, FL 32314	