15000107214

Office Use Only



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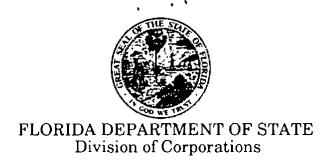
RARDICHS

SEP 1 1 7019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AGB Venice LL Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
George Busher	
AGB Venice LLC Firm/Company	
Firm/Company	
1820 West 8 ave	
Address	
Haleal Fl	33010
engristate and isspectate	
Ben jam IN BUSHER C. G. E-mail address: (to be used for future annual r	MAIL (CM) report notification)
For further information concerning this matter, plea	
GEORGE BUSHER	3386732
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 Talfahassee, Florida 32314
Enclosed is a check for the following amo	ount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INH\$18 (2/14)



August 1, 2019

GEORGE BUSHER 1820 WEST 8 AVE HIALEAH, FL 33010

SUBJECT: AGB VENICE, LLC Ref. Number: L15000107214

We have received your document for AGB VENICE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

2019 SEP 10 AM 10: 1

Letter Number: 619A00015805

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI TIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0416. Florida Statutes, the undersigned limited liability compan submits the following statement in order to change its registered office or registered agent, or both, in the State c

	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	06/23/2015		150000000000000000000000000000000000000
	Date of filing/registration in Florida 4.		15000107214
(0)			
(4)	MILLER ROBER H, III Registered Agent and Registered Office shown on the records of the Florida De	ept. of St	ate:
	99 NESBIT STREET		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		_
			[0]
	PUNTA GORDA .FL 339	950	
	GEORGE BUSHER		
h)	Enter name of NEW Registered Agent and/or NEW Registered Office addre		_ - -
	Tante frame of 142.55 Registered Agent and 142.55 Registered Office addition	<u>33</u> .	8.
	18ZO WEST 8 AVE		23
	NEW Registered Office Address:		<u>-</u> -
	HIALEAH, FL 33010		_

the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in Ariting of this change.