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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J. Pelley Ventures LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James W. Pelley Name of Person  J. Pelley Ventures LLC Firm/Company
Firm/Company
1710 Villa Capri Civole apt. 109  Address  Odessa Florida 33556  City/state and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dames Pelley at (727) 364-7204  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

## 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.

r ioriae	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
l. Na	ame of the limited liability company:
2. (a)	I felley Ventures, LLC (b) I felle Wentures, LL
` ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	1710 Villa Copri Circle apt. 108 1710 Villa Capri Corole ap
	Odesse, 1-1: 33536 Odessa F1 33556
	08/05/2015 L 1500933847
3.	Date of filing/registration in Florida 4. Document number
5. (a)	UNITED STATES CORPORATION ACENTS INC
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	13302 Winding Oak (our)
	[AMPA FL 336/2 Pr. 38
(b)	James W. Pelley
` ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	1710 villa Cepri Circle #109 # > m
	NEW Registered Office Address:
	<u>Oclessa</u>
If the 1	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha	ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in itself of organization or the operating agreement of the limited liability company.
Shyfia	SWY W. CWWY  dure of a member or authorized representative of a member  One of a member of signer  Printed or typed name of signer
l here provisi	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
IND AN	ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed By reflect a change in the registered office address, I hereby confirm that the limited liability company has been It in writing of this change.
notifie	If in writing of this change.
xignatu	ire of Registered Agent
<i>i /</i>	<b>,</b>

FILING FEE: \$25.00

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314