L15000135442

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #))
		MAIL
(Bu	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
	Office Use Only	/



800434692068



FILED MR1 AUG 13 PH 12 02



AUG 14 2024 A RAMSEY

◆	. ,	
417 E. Virginia Street,	CONNECTION, INC. Suite 1 • Tallahassee, Florida 32301 800-342-8062 • Fax (850) 222-1222	
SSB VENTURES I	.I.C	
	·····	
·····		Art of Inc. File
		LID Partnership File
		Foreign Corp_File
		U.C. File
		Fictitious Name File Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Anaual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
0.6		Vehicle Search
		Driving Record
Requested by:BA	08/13/24	UCC 1 or 3 File
Name	$\frac{08/15/24}{\text{Date}} = \frac{1}{\text{Time}}$	• UCC 11 Search
manie		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

	•		•		•
• .	•	•			
•					

COVER LETTER

TO: Registration Section Division of Corporations

SSB VENTURES LLC

SUBJECT:

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:

MOISES CARDOSO

Name of Person

FILEJET INC.

Firm/Company

10440 PIONEER BLVD., SUITE 8

Address

SANTA FE SPRINGS, CA 90670

City/State and Zip Code

REGISTEREDAGENT@FILEJET.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOISES CARDOSO	949 at (259-5955
Name of Person	(Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
		Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

., 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.

I. Na	ame of the limited liability company:	ES LLC					
2. (a)	4755 TECHNOLOGY WAY		(h	717 N DOHENY DRIVE			
- (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SUITE 104		(0	Mailing address of limited liability con (Note: MAY BE POST OFFICE B			
					·		
	BOCA RATON, FL 33431			BEVERLY HILLS, CA 90210			
	08/07/2015			L15000135442			
3.	Date of filing/registration in Florida	4.	-	Document number			
5. (a)	Harris , Howard S						
J. (a)		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	4755 TECHNOLOGY WAY			202			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDI	ESS	<u></u>	11		
	SUITE 104			Let	T		
	BOCA RATON, F	FL_3343	1	ST PH			
(b)	FILEJET INC.			S) ddress:	5 02		
• /	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	625 E. TWIGGS STREET						
	NEW Registered Office Address:						
	SUITE 110	_	-				
	TAMPA	-L 3360)2				
change agent v was/w	imited liability company is not organized under the le c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the information of the operating agreement of the	ne regis liabilit of the e limit	stere y co lim ed l	ed office and the business office of the regis ompany, it is hereby confirmed that the char nited liability company or as otherwise prov	stered igc(s)		
Signa	ture of a member or authorized representative of a member	•		Printed or typed name of signee			
provis the obi to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid elv reflect a change in the registered office address, a d in writing of this change.	e perfo led for	orma in C	ance of my duties, and I am Jamiliar with an Chapter 605, F.S. Or, if this document is be	nd accept sing filed		
Signati	ire of Registered Agent						

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00