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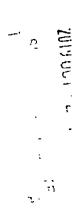
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Special Instructions to	Filing Officer:	
 		

Office Use Only



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OCT 03...2019

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: Get Real Venture, LCC. 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:								
Name of Person								
Get Real Vertue LLC Firm/Company								
900 South US One Ste 105 Address								
Texpetro, FL 33477 City/State and Zip Code								
Veronica. Solis @ beyond Organic nutritionals, com E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Veronica Solis at (SOI) 290-9826 Name of Person Area Code & Daytime Telephone Numb								
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section								
Division of Corporations Division of Corporations								
Clifton Building P.O. Box 6327								
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301								
Enclosed is a check for the following amount:								
☑ \$25 Filing Fee								

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOT LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability c submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

1. Na	me of the limited liability company:	Re	al	<u>Vañ</u>	Tues,	LLC.	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)_		_	s of limited liab	
	Laureka, CA 9550) I		•	<u> </u>	ē 105	
			_		Jupi	ter, FC	 <u>3</u> -3
	9/08/15			<u>L</u> 1	SCCC	014983	34
3.	Date of filing/registration in Florida	4			Document i	number	
5. (a)	Registered Agent and Registered Office shown on the record	is of the Fl	lorida De	cpt. of Stat	- ee:		
	924 Pompino Dru	، زور					
	Registered Office Address (MUST BE FLORIDA STRE		RESS)				
							, 73
	Tuple	, FL <u> </u>	334	58	_		2019 OCT
	•						رع ا
(b)		1000			_		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	erea Omo	e adare	<u>\$\$</u> :			'.۔۔' سو
	900 South US O	مو			_		, ,
	NEW Registered Office Address:						3
	<u>STR 105</u>				_		
	Jupiter	r	ュンベ	エチ			
	<u> </u>	, r L	<u> </u>	3 4- 1	_		
the cha agent v was/wo	imited liability company is not organized under the nge or changes are made, the Florida street addres vill be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the membe cles of organization or the operating agreement of	s of the d liabiliters of the	registe ty com limite ted liat	red offici pany, it i ed liabilit pility con	e and the bus s hereby con sy company o npany.	siness office afirmed that to or as otherwise	of the reg the chang se provid
	()ees		V	e Ro	nica C	So W ned name of sign	
Signat	ure of a member or authorized representative of a member	•	*		Printed or typ	oed name of sign	nee
provisi the obl to mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provily reflect a change in the registered office address lin writing of this change.	lete perf vided for	forman in Che	ce of my apter 60:	duties, and l 5, F.S. Or, ij	l am familiar I this docume	with and ent is beir
Signatur	re of Registered Agent						
- Figuretti	re or regimered ukem						