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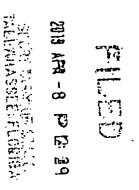
(1	Requestor's Name)	<del></del>		
(,	Address)			
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	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL .		
(	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of S	Status		
Special Instructions	to Filing Officer:			

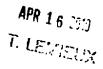
Office Use Only



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## **COVER LETTER**

**TO:** Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Divisio	on of Corporations			
SUBJECT: _		Venture Name of Limited Liability	Investments	LL(
	(1	vanie or familied radomy	Company	
The enclosed t	member, resignation	or dissociation and f	ee(s) are submitted for tiling.	
Please return a	all correspondence c	oncerning this matter	to:	
Philip	Contact Person	Haral F		
Dynamic	Venture I.	ivestments,	<u>LL</u> (	
1307	15+ Ave	$\mathcal{L}$		
Jack	SUN VILL (City/State and Zip	, FC 32 (Code)	250	
For further inf	ormation concerning	g this matter, please o	all:	
P Bo	me of Contact Person	1	4 ) 401-9890 Code & Daytime Telephone Number	)
Enclosed pleas □ 525 Filing		• •	da Department of State for: iling Fee & Certified Copy	
Registration S Division of Co Clifton Buildi	orporations ng	S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
Zbb1 Executiv	Executive Center Circle Tallahassee, Florida 32314			

## 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. Name of the limited liability company: Mailing address of limited liability company: Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) L16000068498 Date of filing/registration in Florida 3. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: acksonville If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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 the articles of organization or the operating agreement of the limited liability company.

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 writing of this change.

Signature of Registered Agent

Signature of a member or authorized representative of a member