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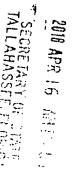
| (Req | uestor's Name) | |
|---|-----------------|-------------|
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| (Addı | ress) | |
| (City/ | State/Zip/Phone | ⇒ #) |
| PICK-UP | ☐ WAIT | MAIL |
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| (Document Number) | | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: B&B Venture Capital 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: | | | |
| Ethan Banasil Name of Person | | | |
| BiB Verture Capital LLC Firm/Company | | | |
| P.O. Box 970088 Address | | | |
| Coconut Creek, FL 33097 City/State and Zip Code | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Ethan Bangsil at (856), 217-7651 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 Tallahassee, Florida 32314 | | | |
| Enclosed is a check for the following amount: | | | |
| \$25 Filing Fee & Certified Copy | | | |
| INHS18 (2/14) | | | |

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. N | Name of the limited liability company:B+BVer | nture Capital LIC |
|---------------------------------------|--|--|
| 2. (a) | | (b) |
| -: (w) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 433 Plaza Real | P.O. Box 970088 |
| | Suite 275, Boca Raton, FL 33 | 34B2 Coconut Creek, FL 33097 |
| | 6/14/2016 | L16000114395 |
| 3. | Date of filing/registration in Florida 4. | |
| 5. (a) | a) Garofalo Law Office P.A. Registered Agent and Registered Office shown on the records of the Flo | orida Dept. of State: |
| | 433 Plaza Real | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDR.) | RESS) |
| | Suite 275 | |
| | Boca Raton , FL 3 | 33432 |
| (b) | B & B Venture Capital LIC / | Ethan Bangsil AR A |
| | Enter name of NEW Registered Agent and or NEW Registered Office | |
| • | 433 Plaza Real | |
| | NEW Registered Office Address: | |
| | Suite 275 | |
| | Boca Raton , FL 3 | 33432 |
| the ch agent was/w | e limited liability company is not organized under the laws of hange or changes are made, the Florida street address of the retwill be identical. Or, in the case of a Florida limited liability were authorized by an affirmative vote of the members of the reticles of organization or the operating agreement of the limited | registered office and the business office of the registered ty company, it is hereby confirmed that the change(s) c limited liability company or as otherwise provided in |
| nic ai | ball () | m |
| Sign | nature of a member or authorized representative of a member | Printed or typed name of signee |
| provis the ob to men notifie | reby accept the appointment as registered agent and agree to isions of all statutes relative to the proper and complete perfobligations of my position as registered agent as provided for erely reflect a change in the registered office address, I herebied in writing of this change | act in this capacity. I further agree to comply with the ormance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been |
| Signat | ature of Registered Agent | |