

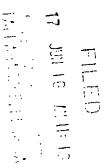
(Requestor's Name)			
(Address)			
(Address)			
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PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: A GIF/2 Ver	other UC e of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Loanna Carbons Name of Person	2	
Firm/Company		
7240 Windy Preser	ve	
Address		
Cake Worth Fl City/State and Zip Code	33467	
Depueper 1 + shop 305 @ TE-mail address: (to be used for future annu	ual report notification)	
For further information concerning this matter,	please call;	
Danna Carbonie  Name of Person	at (56), 333-6195 Area Code & Daytime Teleph	
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	☐ \$55 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. Nar	ne of the limited liability company: $\frac{1}{2}$	12	Ventures UC
2. (a) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Lake worth F1 33467		(ale Wo-th 71 3346)
-	Date of filing/registration in Florida	·	L17000075548
3.	Date of filmg/registration in Florida	4.	Document number
5. (a)	Sheri Galdslew		
	Sheri Gold Slew Registered Agent and Registered Office shown on the records of th	e Florida l	Dept, of State:
	7285 Nigotica May		
	7285 Nauha JAY Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	<u> </u>
		0.0	<del></del>
	(ike Worth II	33	767 = == ==
			. <u> </u>
(b) _		<del> </del>	
	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress: + Marting address: 17
	Enter name of NEW Registered Agent and/or NEW Registered C  OGNOW  Carbonie  NEW Registered Office Address:		
	NEW Registered Office Address:		
	7240 Windy Presence		· · · · · · · · · · · · · · · · · · ·
	Late Voith, FL	33	467
the char agent w was/wei	mited liability company is not organized under the law- age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the li	he regist pility cor the limi	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
	are of a member of authorized representative of a member		SHAZI GOWSTEN  Printed or typed name of signee
Signatu	ire of a member or authorized representative of a member		Printed or typed name of signee

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