| L17000099266 | | | | | | | |
|--|--|--|--|--|--|--|--|
| (Requestor's Name) (Address) (Address) | 800331578788 | | | | | | |
| (City/State/Zip/Phone #) | 07/18/1901027002 ★+25.00 | | | | | | |
| Certified Copies Certificates of Status | 2019 JUL 18 AM 11: 22 SETTA AN 11: 22 | | | | | | |
| Office Use Only | Y SULKER JUL 2 5 2019 | | | | | | |

TO: Registration Section Division of Corporations

RealVenice 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:

Deborah Fallucca

Name of Person

Gregory Sharer & Stuart

Firm/Company

100 Second Ave S, Suite 600

Address

St. Petersburg, FL 33701

City/State and Zip Code

dfallucca@gsscpa.com

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

For further information concerning this matter, please call:

Deborah Fallucca 727 944-1639

Name of Person

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

2 \$25 Filing Fee

S55 Filing Fee & Certified Copy

INHS18 (2/14)

MAILING ADDRESS:

Area Code & Daytime Telephone Number

Registration Section Division of Corporations P.O. Box 6327 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.

| | Principal office address of limited liability company: | (t | o) | Mailing address of limite | d liability company: |
|-------------------------|--|------------------------------------|--|---|--|
| | (Nute: MUST BE STREET ADDRESS) | | | (Note: MAY BE POS | |
| | 100 Second Ave S, Suite 600 | | 100 Sec | cond Ave S, Suite | 600 |
| | St. Petersburg, FL 33701 | | St. Pete | ersburg, FL 33701 | ; |
| | 05/03/2017 | | L170000 | 98266 | |
| | Date of filing/registration in Florida | 4. | | Document number | |
| (a) | | | | | |
| 1,47 | Registered Agent and Registered Office shown on the records of | the Florid | a Dept. of Sta | ite: | |
| | Oscar Platone | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRES | 51 | _ | |
| | 3411 30th St W | | | | |
| | Bradenton , FL 34205 | | _ | | |
| | , FI | L | | _ | |
| 4.5 | | | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | d Office a | dd <u>ress</u> : | <u> </u> | ML 18 |
| | | | | | 3 AH II: +2 |
| | Deborah Fallucca | | | | T |
| | <u>NEW</u> Registered Office Address: | | | — | |
| | 100 Second Ave S, Suite 600 | | | | i, N |
| | | . <u> </u> | | _ | ¥* |
| | St. Petersburg | L33701 | ł | | |
| e cha lent v as/w | imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the reg liability of the lin | sistered offi company, it mited liabil | ice and the business of is hereby confirmed lity company or as ot | office of the registered that the change(s) |
| | alla | Ar | ndrea Caz | zin | |
| | ture of a member or authorized representative of a member | | | Printed or typed name | : of signce |
| | | | et in this ce | apacity. I further agr v duties, and I am Jai 05, F.S. Or, if this do at the limited liability | ee to comply with the |

FILING FEE: \$25.00

INHS18 (2/14)

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