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## **COVER LETTER**

TO: Registration Section Division of Corporation			
Į			
SUBJECT:	acoub Ventures 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 corresponden	ce concerning this matter to the following:		
Emad Vace	doct		
Name	of Person		
Yacoub Vent	ries LLC		
Firm/	Company		
10211 Falcon	1 Terrace to		
Add	ress		
Largo FL City/State	33778		
City/State	and Zip Code		
8.4acoub 200	a @ ya haa can		
E-mail address: (to be us	o @ yahoo. com ed for future annual report notification)		
For further information concer	ning this matter, please call:		
tmud Yacov	at (347) 989 6225		
Name of Perso	n Area Code & Daytime Telephone Number		
STREET/COURIER	ADDDECC. MAILING ADDDECC.		
Registration Section	ADDRESS: MAILING ADDRESS: Registration Section		
Division of Corporatio	ns Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center			
Tallahassee, Florida 32	301		
Enclosed is a check for the following amount:			
□ \$25 Filing Fcc	□ \$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.

I'IO	гиа.	•	· · ·	Ť
1.	Nar	ne of the limited lia	bility company: Yacoub Ventures LLC	
2. (	(a) _		(b)	
		Principal office a	address of limited liability company:  WST BE STREET ADDRESS  (Note: MAY BE POST OFFICE BOX)	
			alcon Terrace 10211 Falcon Terrac	<u>e</u>
		Largo F	Largo FL 33778	
	_	5/2	B/17 L/7000/13039	
3.		Date of filin	13/17 L/7000/13039  ng/registration in Florida 4. Document number	_
5.	(a)		ĮI.	
	Ī	Registered Agent and Re	gistered Office shown on the records of the Florida Dept. of State:	
		Busin	se Eiliace la c	
		Registered Office Addre	SS FINGS OC.	
			South Pine Island Rd	
		Planta	tion , FL 33324 FG	
			, n. 5 2 3 2 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
(	b) _	Carmer	gistered Agent and/or NEW Registered Office address:	
	1	enter name of NEW Reg	gistered Agent and/or NEW Registered Office address:	
	·-	Emad		
	ļ	NEW Registered Office	Address:	
	-	10211	Address: Falcon Terrace	
	-	Largo	, FL <u>33778</u>	
If th	e lin	nited liability compa	any is not organized under the laws of the State of Florida, it is hereby confirmed that after	
uic (	лац	go or changes are ma	120C. IDC FIORIDA SITE AND TESS Of the registered office and the business office of the maintain	ed
المجيد		ii oc idenilicai. Ot, i	in the case of a Florida limited liability company, it is hereby confirmed that the change(s) affirmative vote of the members of the limited liability company or as otherwise provided in	
he a	ırticl	es of organization o	or the limited liability company.	
_		1-5-10 wal	Emped Jacoula	
Sig	natúr	e of a member or author	rized representative of a member Printed or typed name of signee	_
he o o m	blig erely	accept the appoint as of all statutes rela ations of my position wreflect a change in a writing of this tha	ment as registered agent and agree to act in this capacity. I further agree to comply with th ative to the proper and complete performance of my duties, and I am familiar with and acce on as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file the registered office address, I hereby confirm that the limited liability company has been arige.	e pt d
<u></u>	<del></del>	of Registered Agein		
SHBILL	THAT C	ON VERBICICACIONES	§1	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00