rida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email A	ddress:		

LLC REGISTERED AGENT CHANGE POB VENTURES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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.

l. Na	me of the limited liability company: POB VE	NTURES	, LLC
?. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	07/12/17		00149313
ß.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENT		
()	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	f State:
	5575 S. SEMORAN BLVD		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	SUITE 36		2021
	ORLANDO F	32822	80 36 36 36 36 36 36 36 36 36 36 36 36 36
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registere 7901 4th St N NEW Registered Office Address: STE 300	d Office address:	2021 NOV 22 AM 10: 17
	St. Petersburg	L_33702	
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members ficles of organization or the operating agreement of the	of the registered liability compan of the limited li e limited liabilit	office and the business office of the registered, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
	Rilma tank	Riley Pa	
	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to met notifie	why accept the appointment as registered agent and ap- cions of all statutes relative to the proper and complet digations of my position as registered agent as provided which reflect a change in the registered office address, and in writing of this change. Bill Havre - Assista		
	ure of Registered Agent	,	

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