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| (Requestor's Name) | |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | İ |
| (Gashiess Linky Haine) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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COVER LETTER

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| TO: Registration Section Division of Corporations | | | | | | | |
|---|--|--|--|--|--|--|--|
| SUBJECT: Vertical Real Estate Ventures, L. L. C. 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: | | | | | | | |
| Naheela Tareen Name of Person | | | | | | | |
| Vertical realestate ventures. Firm/Company | | | | | | | |
| | | | | | | | |
| 14059 Riverege Dr, #6305 | | | | | | | |
| Address U | | | | | | | |
| Tampa, FL 33637. City/State and Zip Code | | | | | | | |
| | | | | | | | |
| Nabeela Tareen @ Holmail.com | | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | |
| Nabeela Tareen at 127, 645-3959. | | | | | | | |
| Name of Person Area Code & Daytime Telephone Numbe | | | | | | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | | | | | | | |
| Registration Section Registration Section | | | | | | | |
| Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 | | | | | | | |
| Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 | | | | | | | |
| Tallahassee, Florida 32301 | | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | |

☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: Vertical | el Rec | ul Estate | e Ventu | res, LLC |
|--|---|--|--|--|
| 2. (a) 14059 Riveregedr, #6305 | (b) | 111000 | | ge dr #1630 |
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | ng address of limite ote: MAY BE POS | d liability company: TOFFICE BOX) |
| Jampa, FL 33637. | | | | |
| | | | | |
| = / /- | | 1 , 200 | | |
| _08/01/2017 | | L1100 | 016390 | 0 |
| 3. Date of filing/registration in Florida | 4. | Doc | cument number | |
| 5. (a) <u>Fatima Jareen</u> | | | | |
| Registered Agent and Registered Office shown on the records o | | • | | A DIVISI |
| 14059 Kiveredge dr. # | 16305 | | | vision i |
| Registered Office Address (MUST BE FLORIDA STREET | ADDRESS. | 2 | | 1 95 |
| | | | | 0 0 |
| Tampa | ι <u>33</u> | <u>637.</u> | | |
| (b) Nabeela Tareen | | | | 61.8 |
| Enter name of NEW Registered Agent and/or NEW Registere | d Office add | lress; | | |
| 14059 Riveredge dr, = | #163C | 5 | | |
| NEW Registered Office Address: | | | | |
| | | | | |
| <u>;</u> | ~ | | | |
| <u>/ampa</u> | ı <u>. 53</u> | 637 | | |
| If the limited liability company is not organized under the la | aws of the | State of Florida | a, it is hereby co | nfirmed that after |
| the change or changes are made, the Florida street address cagent will be identical. Or, in the case of a Florida limited I | of the regis liability co | tered office and meany it is her | I the business of reby confirmed t | ffice of the registered |
| was/were authorized by an affirmative vote of the members | of the lim | ited liability co | mpany or as oth | |
| the articles of organization or the operating agreement of the \mathcal{W} . Zarcer | e limited li | ability compan | is/a T | 26000 |
| Signature of a member or authorized representative of a member | | Prin | oted or typed name of | acer. |
| · | ree to act | | | |
| I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet the obligations of my position as registered agent as provid to merely reflect a change in the registered office address, I notified in writing of this change. | e performa ed for in C Thereby co | ince of my dutie hapter 605, F.S infirm that the l | es, and I am fam S. Or, if this doc imited liability o | iliar with and accept cument is being filed company has been |
| N Toreen | | | | |
| Signature of Registered Agent | | | | |