Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

Fax Number : (850) 617-6383

: (800)402-3622

From:

: CAPITOL SERVICES, INC. Account Name

Account Number : 120160000017 Phone : (800)345-4647

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

Email Address:

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LLC REGISTERED AGENT CHANGE **OSCAR VENTURES LLC**

Certificate of Status	0
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Page Count	03
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OSCAIL VENTS Name of Limit	ted Liability Company
Dear Sir or Madain:	
The enclosed Registered Agent/Registered Office Change	e and fcc(s) are submitted for filing.
Please return all correspondence concerning this matter t	
Name of Person	
HATCH FUNDING Pirm/Company	
390 N. ORANGE AVE,	SUITE LIO
ORLANDO (~ 3280) City/State and Zip Code	
E-mail address; (to be used for future annual report	edfunding, com
For further information concerning this matter, please cal	<u> </u>
Name of Person at C	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:
Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
525 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.]	varue of the limited liability company:	050	CAR	VEN	TURES !	LLC			
2. (a	Principal office address of limited liability con (Note: MUST BE SYREST ADDRESS	pery:	<u>з</u> то (в) _	390 P	of Canaca Water May be po	ited liability com	рицу:	<u>76</u> -7	'_3 ư
	Openno fr 2280	1	- <u>-</u>		ALANDO	G 32	-8-0	1	
3	Date of filing/registration in Florida		· , —)000 W				
5			◀.	i	Document numbe	a.			
5. (
	Registered Agent and Registered Office shown on the	woolds of th	ie Florida D	ept. of State:					
	206 E. 9th St, Ste 1300								
	Registered Office Address MUST BE FLORIDA	STREET	DDRESS)						
						ļ	(7 (
	Austin	, FL_	78701				MA 007	, 330	***
(ъ	·					3366) 1 –: 2 –:	5	!
	Buter name of NEW Replatered Agent and/or NEW I	Legistered (Office addre	83 :		·	المساو	32	IT
	JIJ EAST PACK A	ا (سد، به	C-	÷		•	SIA	B	
	NEW Registered Office Address:		_=			ĐΑ	**,	4	
	2 NO FLOOR								
	TALLAHASSEE	, FL_	323	0 [
agent	limited liability company is not organized under nange or changes are made, the Florida street act will be identical. Or, in the case of a Florida is vere authorized by an affirmative vote of the maticles of organization or the operating agreement	mited Hal	pility com	pony, it is d Hability dility comi	and the business hereby confirmed company or as of sany,	office of the r t that the char therwise provi	ogiste	red	
Sign	ature of a member or authorized representative of a moral			<u>Cuia</u>	Printed or typed nem	CHANI			
I her provi the old to me notifi	sby accept the appointment as registered agent stons of all statutes relative to the proper and colligations of my position as registered agent as rely reflect a change in the registered affice adend in writing of this change.	and agre provided provided dress, I he im Tadlo	e to act in reformand for in Cha treby conf ock, Asst	this capa te of my di pter 603 irm that it Sect on	city. I further aguiles, and I am fa F.S. Or, if this d to limited liability behalf of	e of signer ree to comply nillar with an ocument to be I company has	with t nd acc ing fil s been	the lept led	
	the of Registered Agent	apitol Co	orporate	Services	, Inc.				

Division of Corporationse P.O. Box 6327 a Tallahassee, FL 32314 FILING FRE: \$25,00

INHS18 (2/14)