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## **COVER LETTER**

то:	Registration Section Division of Corporations	
SUBJE	ECT: RODEIGNEZ \	VENTURES LLC
		lame of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the following:
,	RON RODRIGUEZ	
	Name of Person	
K	PODRIGUEZ VENTA	es LLC
	Firm/Company	
35	91 KCRNAN BLUD	S # 502
	Address	<del></del>
	PACKSONVILLE FL	32224
	City/State and Zip Code	<del></del>
Ro	NRODRIGHEZ730@	Gmail. Com
E	-mail address: (to be used for future a	annual report notification)
For fur	ther information concerning this matt	ter, please call:
TX	ON RODRIGICZ	at (904) 612 6049
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the followi	ing amount:
	\$25 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

	or 603.0116, Florida Statutes, the undersigned limited itability companyinge its registered office or registered agent, or both, in the State of		
Name of the limited liability company:	RODRIGNUEL VENTURES LLC #502 (b) 3594 KENNA BLUD S #502		
2. (a) 3591 KERNA BLIDS	#502 (b) 359\$ KENNA BLUD S #507		
Principal office address of limited liability of	company: Mailing address of limited liability company:  (Note: MAY RE POST OFFICE ROY)		
JACK SONVILLE FL	32274 JACKSONVILLE FL 32224		
DEC 15, 2017	L17000256097		
3. Date of filing/registration in Flori	ida A. Document number		
5. (a) UNITED STATES CORPOR	MION HORITS, INC		
Registered Agent and Registered Office shown on the			
Registered Office Address (MUST BE FLORID  13302 WINDING  TAMPA  (b) Rodriguez  Enter name of NEW Registered Agent and/or NEW  NEW Registered Office Address:  JACKSUNJUE	W Registered Office address:		
the change or changes are made, the Florida street agent will be identical. Or, in the case of a Florid was/were authorized by an affirmative vote of the the articles of organization or the operating agreer.  Signature of amember or authorized appresentative of a member of appropriate as represented as	Printed or typed name of signee  ent and agree to act in this capacity. I further agree to comply with the		
provisions of all statutes relative to the proper an the obligations of my position as registered agent to merely reflect a change in the registered office notified in writing of this change.	nd complete performance of my duties, and I am familiar with and accept t as provided for in Chapter 605, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability company has been		
Signature of Registered Agent			
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00			