11800020391

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
(Boodine in Nami Sari)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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6/2018

COVER LETTER

TO:	Registration Section Division of Corporations				
SURI	Pura Vida Ventures, LLC				
30130		ne of Limite	d Liability Company		_
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	fice Change	and fee(s) are submitted for fili	ng.	
Pleaso	e return all correspondence concerning th	nis matter to	the following:		
Anna	ı Lythgoe			•	2111
	Name of Person				2111 JUN 28
Pura	Vida Ventures, LLC				
	Firm/Company	-		·	> \$
202	182nd Ave É			5×	<u>က</u> သ
	Address	-			
Redi	ngton Shores, FL 337008				
	City/State and Zip Code				
Anna	Lythgoe@gmail.com				
ı	E-mail address: (to be used for future and	nual report r	otification)		
For fu	rther information concerning this matter	, please call:			
Anna	Lythgoe	208	922-7000		
	Name of Person	(Area Code & Daytime Te	lephone Numb	_)ег
	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 following	g amount:			
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Co	рру	

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.	Na	me of the limited liability company: Pura Vida Vent	tures	, L	.LC				
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ((Note: MA	ss of limit Y BE POS	ed liabil	ity company:
		202 182nd Ave E	_		202 182	nd Ave E			
		Redington Shores FL 33708	_		Redintor	Shores	FL 337	08	
		01/23/2018		L	.1800002	20391		2717	
3.		Date of filing/registration in Florida	4.			Document	number	JU.	: 1
5.	(a)							223	!
		Registered Agent and Registered Office shown on the records of the Anna Lythgoe	e Floric	da [Dept. of State);		⊳	E.
		Registered Office Address (MUST BE FLORIDA STREET AL	DRES	<u>(S)</u>	-	•		ည ထွဲ	_
		200 Lake Ave NE #405					*.•	22	
		Largo _{FI} 3	3771						
									
	(b)		_						
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice a	<u>ddr</u>	re <u>ss</u> :				
		Anna Lythgoe							
		NEW Registered Office Address:							
		202 182nd Ave E							
		Redington Shores , FL 3	3708	3					
the age	cha ent w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	ne reg ility c the lir	iste on mit	ered office npany, it is ed liability	and the bushed and th	isiness o nfirmed	ffice o	f the registered e change(s)
			An	na	Lythgoe				
	-	ure of a member or authorized representative of a member			•	Printed or ty		_	
pro the to	ovisie obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change	erforn for in	nai Cl	nce of my a hapter 605	luties, ånd . F.S. Or,	I am Jan if this do	niliar v ocumen	vith and accept it is being filed
<u> </u>	771587111	e of Registered Agent							
Jų	,a.u.	Corregional right							