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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations						
V & M Ventures LLC	V & M Ventures LLC Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offic	e Change an	nd fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to th	e following:				
Johnathan Vaughan						
Name of Person		_ _				
V & M Ventures LLC						
Firm/Company						
3900 E Indiantown Rd, Suite 607-201						
Address						
Jupiter, FL 33477						
City/State and Zip Code						
Johnathan.Vaughan@HomeVestors.com						
E-mail address: (to be used for future annu	ial report not	diffication)				
For further information concerning this matter,	please call:					
Michael Mather	561	598-9316				
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	F C P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314				
Enclosed is a check for the following	amount:					
☑ \$25 Filing Fee	٥	\$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.

3900 E	E Indiantown Rd		(b)	3900 E	Indiantown Rd
P	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y:			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Suite	607-201			Suite 60	07-201
Jupite	er, FL 33477			Jupiter,	FL 33477
2/28/2	2018		Ĺ	.180000	53411
United	Date of filing/registration in Florida distates Corporation Agents, Inc.	4.	_		Document number
-	ed Agent and Registered Office shown on the reco enne Moseley, US Corp. Agents	rds of the Flor	ida l	Dept. of Sta	te:
-	ed Office Address (MUST BE FLORIDA STR 2 Winding Oak Court, A	EET ADDRE	<u> </u>		FIL 2018 MAY -1 SECRE BART! TALLAHASSEE
Tamp	oa	_, FL <u>3361</u>	2_		MY -
	than Vaughan		_		SSEC FL
Enter nar	me of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	stered Office	<u>addı</u>	ress:	AMIL: 5. FLORID.
3900	E Indiantown Rd				587 - 61
NEW R	egistered Office Address:				_
Suite	607-201				_
Jupite	er	FL_3347	7		_
ange or c will be id ere autho	ability company is not organized under the changes are made, the Florida street addressed. Or, in the case of a Florida limitorized by an affirmative vote of the memberganization or the operating agreement of	ess of the re ted liability bers of the l	gist cor imi	ered offic npany, it ted liabili	te and the business office of the registered is hereby confirmed that the change(s) to company or as otherwise provided in
		Je	ohr	athan V	/aughan
sture of a n	nember or authorized representative of a member		-		Printed or typed name of signee
rby acceptions of a	of the applointment as registered agent an Il statutes relative to the proper and com	d agree to e plete perfoi ovided for i	act i ma n C	n this cap nce of my hanter 60	pacity. I further agree to comply with the duties, and I am familiar with and accepts. F.S. Or, if this document is being filed

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent