## 118000113843

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

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## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Altura Ventures, LLC					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	fice Change an	d fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	e following:			
Carlo	Sierra					
	Name of Person					
Altura	Ventiles, LLC					
	Firm/Company		<del></del>			
5884 (	Morningstar Circle #401					
	Address		_ <del></del>			
Delray	y Beach, FL 33484					
	City/State and Zip Code					
csierra	a@alturaventures.com					
E	-mail address: (to be used for future and	nual report noti	fication)			
For fur	ther information concerning this matter	, please call:				
Carlo	Sierra	786	4490027			
	Name of Person	(	Area Code & Daytime Telephone Number			
Registration Section Re Division of Corporations Div Clifton Building P.C		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	<u> </u>	355 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. No	ame of the limited liability company: Altura Ventures	s, LLC				
2. (a)	5884 Morningstar Circle #401, Delray Beach	(b)	5884 Mc	orningstar Circle #401, Delray Bea		
_ ( ( ( ( )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	-		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	05/07/2018	- <u>L</u>	.1800011	3843		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	United States Corporation Agents, Inc.					
(b)	Registered Agent and Registered Office shown on the records of the	:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			IAs 1		
	13302 Winding Oak Court A			□m <b>9</b>		
	Tampa FL 3	3612				
	Jazmin Sierra	Sign & T				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ANIO 28 SEF STATE		
	NEW Registered Office Address:		<del></del>	· ·		
	5884 Morningstar Circle #401					
	Delray Beach , FL 3:	3484				
the cha agent v was/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liabere.	ne regist ility cou the limi	ered office npany, it is ted liability ability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in ipany.		
Signal	ture of a member or authorized representative of a member	_		Sierra Printed or typed name of signee		
	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete paigutions of my position as registered agent as provided particle a change in the registered office address. The life writing of this abunge.	e to act erforma for in C rehy co				

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