## L18000 151102

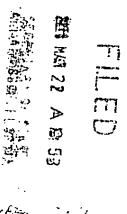
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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04/22/20--01009--004 \*\*25.00



## **COVER LETTER**

	Registration Section Division of Corporations		•				
SUBJEC	TIX VENTURES LLC	· 					
	Name of Limited Liability Company						
Dear Sir	or Madam:						
The encle	osed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.				
Please re	turn all correspondence concerning	g this matter to the	e following:				
Jacob Sen	ior						
<del></del>	Name of Person	<del>-</del>					
TIX VEN	TURES LLC						
	Firm/Company						
2310 Hick	cory Dr						
	Address		<del></del>				
Melbourn	e, Florida 32935						
	City/State and Zip Cod	c	<u> </u>				
jsenior@js	srbsolutions.com						
E-m	nail address: (to be used for future a	annual report notif	fication)				
For furthe	er information concerning this mate	ter, please call:					
Jacob Sen	ior	321 at (	289-2286				
· -	Name of Person		Area Code & Daytime Telephone Number				
	failing Address:		Street Address:				
	egistration Section		Registration Section				
	Pivision of Corporations		Division of Corporations				
	.O. Box 6327		The Centre of Tallahassee				
T	allahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
E	nclosed is a check for the followi	ng 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

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. N	ame of the limited liability company:	S LLC				
2. (a)	144 Breakaway Trail. Titusville, FL 32780		(b	144 Brea	akaway Trail. Titusville, FL. 32780	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	(0	/ <del></del>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	144 Breakaway Trail			144 Breal	akaway Trail	
	Titusville, FL. 32780			Titusville	c. FL. 32780	
	06/20/2018			L18000151	31102	
3.	Date of filing/registration in Florida	4.	-		Document number	
5. (a)	McDonald Smith					
•	Registered Agent and Registered Office shown on the records of McDonald Smith	f the Flo	rida	Dept. of Sta	tate:	
	Registered Office Address  [MUST BE FLORIDA STREET]  144 Breakaway Trail	ADDR	ESS	2	<del></del>	
	Titusville , F	32780 L				
	Jacob Senior					
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				700	
	Jacob Senior					
	NEW Registered Office Address:					
	2310 Hickory Dr.				<u> </u>	
	Melbourne , F	L	5			
change agent was/w the art	imited liability company is not organized under the lactor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited linere authorized by an affirmative vote of the members icles of organization or the operating agreement of the MALE Street authorized representative of a member	e regist iability of the l e limite	tere co lim ed li	d office at mpany, it ited liabili	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
I here provis he ob- to mer notifie	by accept the appointment as registered agent and agentions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I drin writing of this change.	ree to o perfoi d for i hereby	act rma n C	in this cap ince of my hapter 60 infirm that	spacity. I further agree to comply with the	