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COVER LETTER

Division of Corporations Reciprocity Ventures, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Heather Yurovsky Name of Person Reciprocity Ventures, LLC Firm/Company 2033 SW 16 Terrace Address Fort Lauderdale, FL 33315 City/State and Zip Code heather@shatterandshine.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Heather Yurovsky Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **№** \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

Registration Section

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOLIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compositions the following statement in order to change its registered office or registered agent, or both, in the State Florida

I. Na	ame of the limited liability company:	enture	es, LLC	· · · · · · · · · · · · · · · · · · ·			
2. (a)	Principal office address of limited liability company:		(b)	failing address of limited li	ability co	mpany:	
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX) V 16 Terrace Iderdale, FL 33315			
	2033 SW 16 Terrace		2033 SW				
	Fort Lauderdale, FL 33315		Fort Lauc				
	August 27, 2018		L18000204061				
3.	Date of filing/registration in Florida	4.		Document number			
(0)	United States Corporation Agents, Inc.						
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 5575 S. Semoran Blvd			:			
	Registered Office Address (MUST BE FLORIDA STREET						
	Suite 36			돐	20		
	Orlando , FL 32822			25.0 25.0 - 7.0	2019 AUG 30	-1-1	
	Heather Yurovsky			(4) (4) (7) (7)	30	17	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u> </u>	A		
	2033 SW 16 Terrace				14 :6	C)	
	NEW Registered Office Address:						
	Fort Lauderdale FI	_3331	5				
the cha agent v was/we	imited liability company is not organized under the lainge or changes are made, the Florida street address or vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	f the reg iability (of the li	gistered office company, it is mited liability	and the business offic hereby confirmed that company or as others	e of the t the cha	registe ange(s)	
			eather Yurov	*			
Signature of a member or authorized representative of a member			Printed or typed name of signee				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and act the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being fit to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent