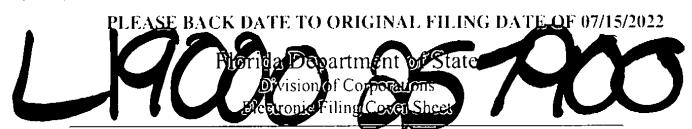
Page: 1 - 07/18/2022 10:21 AM TO:18506176383 FROM:5616272236



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000243223 3)))



H220002432233ABCU

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Account Number : 073222003555 Phone : (561)686-3307 Fax Number : (561)290-1590

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: sethdillon@gmail.com

## LLC REGISTERED AGENT CHANGE VENTURE TECH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

T. LEMIEUX

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## COVER LETTER

TO:	Registration Section Division of Corporations		į
SHD:	VENTURE TECH, LLC		
30Da		Name of Limited Li	ability Company
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Pleas	e return all correspondence concerning	g this matter to the f	ollowing:
BRIA	N C. HICKEY, ESQ.		
	Name of Person	<u>,</u>	_
NASC	ON YEAGER GERSON HARRIS & FUN	MERO, P.A.	
	Firm/Company		<del></del>
3001	PGA BLVD., SUITE 305		
	Address		_
PAL	M BEACH GARDENS, FL 33410		
	City/State and Zip Coo	le	****
SETI	IDILLON@GMAIL.COM		
	E-mail address: (to be used for future	annual report notifi	cation)
For fi	arther information concerning this ma	tter, please call:	
BRIA	AN C. HICKEY, ESQ.	561 at (	686-3307
	Name of Person	at \	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ing amount:	
	☐ \$25 Filing Fee	<b>Q</b> \$5	55 Filing Fee & Certified Copy
INHS	18 (2/14)		

FAN: H22000243223 3

## 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.

Ι.	Na	me of the limited liability company: VENTURE TEC	H, LLC			_
2.					n)	
	<b>\/</b>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del> </del>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		110 FRONT STREET, SUITE 300			110 FRONT STREET, SUITE 300	
		JUPITER, FL 33477			JUPITER, FL 33477	_
		10/14/2019		I	1.19000257900	
3.		Date of filing/registration in Florida	4.	_	Document number	_
5.	(a)					
	(11)	Registered Agent and Registered Office shown on the records of	the Flori	da i	a Dept. of State:	
		LEGALINC CORPORATE SERVICES, INC.	. 5 5 5 5		σ.	
		Registered Office Address (MUST BE FLORIDA STREET) 5237 SUMMERLIN COMMONS, SUITE 400	<u>ADDKE.</u>	<u> </u>	<u>y</u>	
		FORT MYERS , FI	33907			
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> BRIAN C. HICKEY, ESQ.		<u>add</u>		
		NEW Registered Office Address:	•			
		3001 PGA BLVD., SUITE 305				_
		PALM BEACH GARDENS	33410		PILED  RALLENDASSEE FLOR	) }
		, FI	ر. <u></u>		<b></b>	
ch ag wa	ange ent v as/wo	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of the operating agreement of the	registe ability of of the li limited	rec con mi Hia	e State of Florida, it is hereby confirmed that the the ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.	Ċ
			<u>Sł</u>	:T} —	FH DILLON  Printed or typed name of signee	_
pr the to no	herei ovisi e obl mere tified	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag- ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.  The of Registered Agent	ree to a perfori d for in hercby	ct i mai : Ci coi	t in this capacity. I further agree to comply with the	1