## 120000 245372

(F	Requestor's Name)	
	Address)	
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(A	(ddress)	
(0	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
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(E	Business Entity Name	)
(C	Ocument Number)	
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California Carlos	O - NE - 14 - 1	
Certified Copies	Certificates of	Status
Special Instructions to	o Filina Officer:	
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Office Use Only



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TO: Registration Section Division of Corporations						
SUBJECT: JTG Ventures LLC						
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:						
Juliana Garner  Name of Person						
JTG Ventures LLC						
Firm/Company						
1091 Peacock Ave. NE						
Address						
Palm Bay FL 32907						
City/State and Zip Code						

E-mail address: (to be used for future annual report notification)

iosimantijegmail.com

For further information concerning this matter, please call:

Tuliana Garner at (Z03) 722 - 7850

Name of Person 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 following amount:

\$25 Filing Fee

□ \$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.

I. Na	me of the limited liability company:	vent	ures	LLC	
	1091 Peacock Ave. NE	(b)	1091	Peacocic An	re. NE
2. (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing	address of limited liability : MAY BE POST OFFIC	company:
	Palm Bay. FL 32907		_	Bay, FL	
			1 - 10		
	8/12/2020	_	L20	000245	37Z
3.	Date of filing/registration in Florida	4.	Docui	ment number	
5 (a)	united States Corporation A	Agents	. Inc.		
J. (u)	Registered Agent and Registered Office shown on the records of the				
	5515 S. Semoran Bl.	19.			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<del></del>		
	36			028	
	Orlando, FL	328	22	2028 DEC 1	,
(b)	Juliana Garner		<del></del>	8 AH 7	* · · · · · · · · · · · · · · · · · · ·
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (	Office address	:		
	1091 Peacock Ave. NE	=		AM 7: 39	
	NEW Registered Office Address:	_			
	Palm Bay, FL 3291	ο <u> </u>			
	)				
	, FL,				
change agent w was/wg	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registered of bility compa f the limited limited liabili	fice and the b ny, it is hereb liability comp ity company.	ousiness office of the roy confirmed that the opany or as otherwise p	egistered change(s)
Signal	aire of a member of authorized representative of a member		Printo	d or typed name of signee	
I herei provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have been address, I have been address, I have been address.	e to act in th	nis capacity	I further agree to com	iply with: h and acc s being fi has bee:
Symatu	re of Registered Agent				
//	Division of Corporations P.O. B	lox 6327• T	allahassee. F	FL 32314	

FILING FEE: \$25.00