To: 18506176383

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To:		ÇA
	Division of Corporations	
	Fax Number : (850)617-6383	<u> </u>
From:		50 m. 5 m 20
7 10111.	Account Name : REGISTERED AGENTS 1	NC. K
	Account Number : I20090000081	[47]
	Phone : (307)200-2803	[11 _{G3}
	Fax Number : (813)436-5206	严重:
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<u>⇔</u> **Enter; the	email address for this business entity	
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CHAVEZ VENTURES LLC

Certificate of Status	0
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Estimated Charge	\$25.00

M. SOLOMON OCT 2 1 2024

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	une of the limited liability company: CHAVEZ VE	NTURES LLC	<u></u>	
2.	(a)	7901 4th St N STE 300	(b) 7901 4th St N STE 300		
		Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		St. Petersburg FL 33702	St. Pe	St. Petersburg FL 33702	
•		04/20/2021	<u>L21000</u>	·	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	CHAVEZ, AARON A			
		Registered Agent and Registered Office shown on the record	ds of the Florida Dept. of	State	
		234 Ne 3rd St			
		Registered Office Address	S 52		
		APT 1408		024 1766	
		MIAMI	. FL_33132	2024 OCT 21 SEGRETARY	
	(b)	Registered Agents Inc			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	tered Office address:	で で を で で で で で で で で で で で で で	
		7901 4th St N	<u> </u>		
		NEW Registered Office Address			
		STE 300		<u> </u>	
		St. Petersburg	, FL_33702		
the ag	e cha ent v is/we	imited liability company is not organized under the inge or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members of organization or the operating agreement of	e laws of the State o ss of the registered o ed liability company, ers of the limited lial	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in	
	į	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Robin Jones		
-	Signal	ture of a member or authorized representative of a member	110011100	Printed or typed name of signee	
pr the to	ovisi e obl mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as pro Ily reflect a change in the registered office addres I in writing of this change.	l agree to act in this dete performance of vided for in Chapter s, I hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	
Γ	bolid"	↑ NOVIII.	ant Secretary		
3	gnatu	wolf Registered Agent	-		