LZ1000298878

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
<u> </u>	<u> </u>				

Office Use Only



700390423727

07/05/22--01023--013 **25.00



Ra Change

COVER LETTER

TO: Registration Section Division of Corporations					
314 VENTURE LLC					
SUBJECT: 314 VENTURE LLC Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.				
• •					
Please return all correspondence concerning th	its matter to the following:				
Melissa Jones					
Name of Person					
ZenBusiness Inc.					
Firm/Company					
336 E. College Ave. Suite 301					
Address		20			
Tallahassee, FL 32301		22 JU			
City/State and Zip Code					
ra@zenbusiness com					
E-mail address: (to be used for future and	nual report notification)	 .ö			
For further information concerning this matter	r, please call:	- 8			
Melissa Jones	844 493-6249 at ()				
Name of Person	Area Code & Daytime Telep	ohone 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 Tallahassec 2415 N. Monroe Street. S Tallahassee. FL 32303				
Enclosed is a check for the following	g 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 a	ame of the limited liability company: 314 VENT	URE	E LLC	
2. (a)	16400 US HWY 331 S	ď	b)	
(_,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE B,2		652 M	MARQUIS WAY
	FREEPORT, FL 32439	_	FREE	PORT, FL 32439
	06/29/2021		L2100	0298878
 (a) 	Date of filing/registration in Florida Registered Agents Inc.	4.		Document number
J. (u)	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of State	- e :
	Registered Office Address (MUST BE FLORIDA STREET A STE 300	DDRES	2)	_
	St. Petersburg	33702		207
(b)	ZenBusiness Inc			72 11
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	, d
	336 E. College Ave.			- A 9
	NEW Registered Office Address:			
	Suite 301			_
	Tallahassee , FL	32301		_
change agent was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	register bility co f the lin	ed office an ompany, it is uted liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Edward Mark Evans	Ec	lward Ma	ark Evans
•	ture of a member or authorized representative of a member			Printed or typed name of signee
provision the object to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I n din writing of this change.	ee to act perform I for in (ereby c	t in this cape ance of my e Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent