Florida Department of State Division of Corporations

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Division of Corporations

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From:

27

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

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LLC REGISTERED AGENT CHANGE SIETE QUATRO VENTURES, LLC

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JUN - 8 2022

K. Brumbley

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. Na	ime of the limited liability company: Siete Qu	atro Ver	ntures, LLC			
2. (a)		(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)				
	7901 4th St N STE 300	7901 4th St N STE 300				
	St. Petersburg FL	St. Petersburg FL 33702				
	09/14/2021	L21	1000407237			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	PENN, TAYLOR A					
.). (u)	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:			
	4801 GULF BLVD					
	Registered Office Address (MUST BE FLORIDA STREET					
	SUITE 139		~			
	ST PETE BEACH	33706	2022 JUN			
	Registered Agents Inc.	· ·				
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:				
	Enter name of Navy Registrica Agent and Agent Registered	24 37114 4 44241 2				
	7901 4th St N		· · · · ·			
	NEW Registered Office Address:		06			
	STE 300	<u></u>				
	St. Petersburg, FI	L <u>33702</u>				
the cha agent v was/we the arti	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered lability compar of the limited l	d office and the business office of the registere ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.			
Signa	ture of a member or authorized representative of a member	-	Printed or typed name of signee			
provisi the obl to mer notifie	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	e performance ed for in Chapt hereby confiri	of my duties, and t am familiar with and acce, wer 605, F.S. Or, if this document is being file m that the limited liability company has been			
Signatu	Bill Havre - Assistat	nt Secretary				

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