L21000416743

Office Use Only



600385497416

04/15/22--01025--009 **25.00

2022 APR 15 PH 12: 41
SECRETARY OF STATE

COVER LETTER . . .

Registration Section Division of Corporations

\$25 Filing Fee

INHS18 (2/14)

TO:

SUBJECT: ACG Ventures Intl LLC		
Name of Limited Lia	bility Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fo	ollowing:	
Carol H. Gelles Name of Person	_	
ACG Ventures Intl. LLC Firm/Company	<u><</u>	
102 Half Moon Cir A2	_	
Hypoluxo FL. 33462 City/State and Zip Code	_	
Chgeddes@hellsouth. ne E-mail address! (to be used for future annual report notific	ation)	
For further information concerning this matter, please call:		
Carol H Geddes at (561 Name of Person) 317-0129 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:		

☐ \$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.

1. Na	me of the limited liability company:ACG Ventur	res Intil LLC	
2. (a) <u>.</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limite	ed liability company:
	<u>Нурогихо, FL 33462</u>	Hypoluxo	Fi 33462
3.	Date of filing/registration in Florida 4.	<u> 2100041674</u> Document number	3
5. (ã)	Chited States Corporation Agents Registered Agent and Registered Office shown on the records of the Horida Dept.		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5575 S. Semoran Blyd Orlando, .FL 3282		202 SEC
(b) _	Carol H. Gaddes Enter name of NEW Registered Agent and/or NEW Registered Office address: 102 Half Moon Cir, A2	MASSEE, FL	FILED 2022 APR 15 PHIZ:
	NEW Registered Office Address:		i. ₹1
	Hypoluxo FL 334	62	
change agent w was/wei the artic	mited liability company is not organized under the laws of the State or changes are made, the Florida street address of the registered official be identical. Or, in the case of a Florida limited liability companies authorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability and work with the case of organization or the operating agreement of the limited liability and work with the case of organization or the operating agreement of the limited liability and work with the case of organization or the operating agreement of the limited liability and work with the case of organization or the operating agreement of the limited liability and work with the case of the members of the limited liability and the limited liability and the limited liability and the limited liability and limited liability and liability	ice and the business office y, it is hereby confirmed to iability company or as other	of the registered hat the change(s) crwise provided in
I bayah	are of a member or authorized representative of a member y accept the appointment as registered agent and agree to act in this ons of all statutes relative to the proper and complete performance of gations of my position as registered agent as provided for in Chapte ly reflect a change in the registered office address, I hereby confirm in writing of this change.	ta managan I Gardhan anns	

Signature of Registered Agent