(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE 2024				

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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195							
REFERENCE	: 592100 8459889							
AUTHORIZATION	:							
COST LIMIT	: \$ 25.0							
ORDER DATE : August 12, 2024	Belleville							
ORDER TIME : 11:32 AM								
ORDER NO. : 592100-001								
CUSTOMER NO: 8459889								
	· • •							
CHANGE OF AGENT								
NAME: P16 VENTURES,	LLC							
PLEASE RETURN THE FOLLOWING AS CERTIFIED COPY	F PROOF OF FILING:							
XX PLAIN STAMPED COPY								
CONTACT PERSON: Shauna Godbols	t EXT#							

EXAMINER:

## **COVER LETTER**

	ntion Section n of Corporations	
SUBJECT: P1	6 VENTURES, LLC	
	Name of Limited L	iability Company
Dear Sir or Mada	am:	
The enclosed Re	gistered Agent/Registered Office Change and	fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the	following:
201	Name of Person	
	Firm/Company	<del>_</del>
	2nd St S PHI Address	
St Pet	City/State and Zip Code	<u>+ u                                   </u>
E-mail add	sin derek Q gmail. Tress: (to be used for future annual report notif	<u>c</u> 6 ∕~ īcation)
For further infor	mation concerning this matter, please call:	
Drek	JANKIS/Name of Person	Area Code & Daytime Telephone Number
	Address:	Street Address:
	ation Section	Registration Section
Divisioi P.O. Bo	n of Corporations	Division of Corporations The Centre of Tallahassee
	ssee, FL 32314	2415 N. Monroe Street, Suite 810
i anana.	3300, 1 2 323 17	Tallahassee, FL 32303
Enclose	d is a check for the following amount:	
<b>□8</b> 25 F	Filing Fee S	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	ame of the limited liability company: P16 VENTURE	S, LLC			
2. (a)	175 Second Street South PH #16	()	175 Seco	and Street South Pl	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	···· (-		Mailing address of limit (Note: MAY BE PO	
	St. Petersburg, FL 33701	<del></del>		-	
	09/27/2021		L21000421	625	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Derek Jancisin				
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- e:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>	_	
	175 Second Street South PH #16				2
	St. Petersburg . FI	33701		-	F1LE 2024 AUG 20
	, , ,			-	5 五
(b)				_	L   20
	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:		A A C
	Corporation Service Company				<u> </u>
	NEW Registered Office Address:			_	909
	1201 Hays Street			-	
	Tallahassee	32301		_	
change agent v was/w	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 like authorized by an affirmative vote of the members of the organization or the operating agreement of the	registere ability co of the lim	ed office and impany, it is iited liability	d the business offic s hereby confirmed y company or as otl	e of the registered that the change(s)
		Der	ek Jancisin		
I here provisi the obi to mer notifie	nure of a member of anthorited representative of a member by accept the appointment as registered agent and agricus of all statules 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 do not in writing of this change.  Auna Jodobolt ————————————————————————————————————	ree to act perform d for in ( hereby co	in this capo ance of my o Thapter 605 onfirm that i	Printed or typed name ucity. I further agre duties, and I am fan , F.S. Or, if this da the limited liability	•
	0				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 592100-1