122000214810

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(5)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
[
{					
{					

Office Use Only



900390424799

07/05/22--01014--013 **35.00

022 NOV 21 PH 12: 1:

C. BRUMBLEY DEC - 6 2022

COVER LETTER

the second second

INHS18 (2/14)

то:	Registration Section Division of Corporations	
SUBJI	ECT: SNC ventures, LLC Name of Limite	ed Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to	the following:
<u> </u>	Name of Person	
	CAMMINIA MULLA, PLUC Firm/Company	
	1 = 213 1 = 11.10	REOE
	JI NE 313 Ave. Dr. 15 Address	2022 HBY 2 PM 1:52
	City/State and Zip Code	<u></u> .
H11	lung (a) SMY (Chiamulian) in a	otification)
For fu	ther information concerning this matter, please call	:
_Hil	Name of Person	751-2046 Area Code & Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section Division of Corporations
	Division of Corporations P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount:	
□ \$25 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

L Na	me of the limited liability company:	1180 t	いて ふ	il
	Principal office address of limited liability company: (Note: MUST BE STREET (DDRESS)		1 451	Making address of hunted hability company (Note: MAY BE POST OFFICE BOX)
	Phantoner F1 33327	 _	Place	1101900 FT 35333
3.	ろ j (a) はいえる Date of filing/registration in Florida		<u> </u>	3.0003 1-1810
	Registered Agent and Registered Office shown on the records of		Dunt of Stu	Document number
	Registered Office Address <u>MUST BE FLORIDA STREET</u> .			-
	Plantation FI	33	<u> 3</u> 23	202 Sec.
(b)	Finder name of NEW Registered Agent and/or NEW Registered			FILED 2021 NOV 21 PHI2: 13 SECRETARY OF STATE
	NEW Registered Office Address:			PH D. PF STA
	Ste 1500			7.F.
	Fort Lauderdale FI	<u>33</u>	301	
change agent w was/we the artic	mited liability company is not organized under the lay or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization of the operating agreement of the	registere ability co of the lim	d office an impany, it i ited liabilit	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
Signat	ure of a member or authorized representative of a member	<u>·</u>	<u> </u>	Printed or typed name of signee
l hereb provisio the obli to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete (gations of my position as registered agent as provided by reflect a change in the registered office address, 1) in writing of this change.	and the deat	m this was	and the fourthern and the fit of
Signatur	te of Registered Agent			

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