L23000031580

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Bosiness Entity Hame)			
(Document Number)			
(DOCUMENT Number)			
Ontified One in a Continuous of Change			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
11/W.1/C			
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Prosperity Real Es	tate Ventues LLC Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change an	ad fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to th	e following:		
Rachele Llarsh Name of Person			
Red Noor Haperty Partners			
5045 Blauvett Way #202			
Naples, FL 34105 City/State and Zip Code			
Cachele @ red door property Partners E-mail address: (to be used for future annual report not	<u>- COM</u> ification)		
For further information concerning this matter, please call:			
Rachele Warsh at (31)) 403 - 7352 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:			
☑ \$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.	Na	ame of the limited liability company: 4050erity Real	Estate Jentures Lic
2.	(a)	` \	•
	` ,	Principal office address of limited liability company: M	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		5045 Blauvelt Way #202 504	15 Blauvelt Way # 202
		Nools FL 34105 Nas	olos, FL 34105
3.		Date of filmg/registration in Florida 4.	300031580
		Date of filing/registration in Florida 4.	Document number
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	;
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		7901 Ath Street North Suite 300	• •
		SI. Leversburg, FL 33702	•
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	-
			~*
		NEW D. C. LOS ALL	<u>:</u>
		NEW Registered Office Address:	
		5045 Blauvelt Way #202	
		Noples .FL 34105	
cha age wa	inge ent w s/we	imited liability company is not organized under the laws of the State of Flore or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is been authorized by an affirmative vote of the members of the limited liability identical or the operating agreement of the limited liability comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
<u>_</u>	ignat	ture of a member or authorized representative of a member	Chele Walsh Printed or typed name of signee
pro the to i	ovisie obli nerg	by accept the appointment as registered agent and agree to act in this capacions of all statutes relative to the proper and complete performance of my duligations of my position as registered agent as provided for in Chapter 605, hely reflect a change in the registered office address, I hereby confirm that the din writing of this change.	uties, and I am familiar with and accept
Sig	natur	ire of Registered Agent	