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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	Agua y Sol Ventures, LLC			
		Name of Limited	Liability Company	
Dear	Sir or Madam:			
The c	nclosed Registered Agent/Registered	l Office Change an	d fee(s) are submitted for filing.	
Please	e return all correspondence concernir	ng this matter to the	e following:	
Seth F	Blomquist			
	Name of Person	 		
Ander	son Business Advisors			
	Firm/Company			
3225 1	McLeod Drive, Suite 100			
	Address			
Las V	egas, NV 89121			
	City/State and Zip Co	de		
ra@an	idersonadvisors.com			
	E-mail address: (to be used for future	annual report noti	fication)	
For fu	rther information concerning this ma	tter, please call:		
Seth B	Flornquist	800 at (706-4741)	
	Name of Person		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 STREET Tallahassee, FL 32303	1
	Enclosed is a check for the follow	ing amount:		
	■ \$25 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. Na	ame of the limited liability company:	Agua y Sol Vent	tures, LLC					
2. (a)	3225 McLeod Dr. Suite 100, Las Vegas, 3	NV 89121	(b)	3225 McL	cod Dr. Suite 10	D. Las Vegas,	NV 89121	
(4)	Principal office address of limited liab (Note: MUST BE STREET AL		(//,	,	Mailing address of (Note: MAY BE	-		
			_ 					
	4/20/2023		Ĺ	230001970)70			
3.	Date of filing/registration in l	Florida	4.		Document num	ber		
5. (a)	REGISTERED AGENTS INC							
()	Registered Agent and Registered Office shows	- ::						
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7901 4TH STREET N SUITE 300				-			
	ST. PETERSBURG	T*1	33702	<u>-</u>				
	Anderson Registered Agents, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :							
	NEW Registered Office Address:			<u> </u>				
	625 E. Twiggs Street, Suite 110							
	Tampa	, FL	33602					
nange igent w vas/we he arti Sets	imited liability company is not organize or changes are made, the Florida street will be identical. Or, in the case of a Florica authorized by an affirmative vote of cles of organization or the operating age at Blomquist	t address of the prida limited lize the members of the recement of the	registered ability com of the limite limited lial	office and pany, it is ed liability pility comp lomquist	the business of hereby confirm company or as pany.	fice pf the red that the cotherwise p	gistered liminge(s) rovided in	
	ure of a member or authorized representative of				Printed or typed na	D.L.	= (اردوستار الاسارية
novisio he obli o mere	by accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered ag by reflect a change in the registered off I in writing of this change.	' ana complete	nertormana	re of my di	unce and Lam	gree to com	2 7 (ma) 1 11 11 11 11 11 11 11 11 11 11 11 11	****
Signatur	e of Registered Agent	<u> </u>						