## L23000226356

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

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Division of Corporations	
SUBJECT: ELS VENTIL	
Name of	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to the following:
DHAN HOOM	···-
Firm/Company	
952 CAMPBELL A	VE
LAKE WALES, FL. 33 City/State and Zip Code	2023 AUG 28
ELS. VENTURE. LCC & E-mail address: (to be used for future annual	I report notification)
For further information concerning this matter, ple	ease call:
DYLAN HOGAN  Name of Person	at (352) 428 · 1782  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 an	nount:
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (2/14)



August 16, 2023

DYLAN HOGAN 952 CAMPBELL AVE LAKE WALES, FL 33853

SUBJECT: ELS VENTURE LLC Ref. Number: L23000226356

We have received your document for ELS VENTURE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Operations Manager A

Letter Number: 023A00018879

AUG 2 8 2023

## 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

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1. Name of the limited liability company:	ENTURE LLC
2. (a) 952 CAMPBELL AVE	(b) 952 CAMPBELL AVE
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
LAKE WALES, FL. 33853	LAKE WALES FL 33853
	102 00000 1025
MAY 8, 2023  3. Date of filing/registration in Florida	L23000226356  Document number
5. (a) UNITED STATES CORPOR	ATION
Registered Agent and Registered Office shown on the records of the F	
476 RIVERSIDE AVE	
Registered Office Address (MUST BE FLORIDA STREET ADD	RESS)
JACKSONVILLE FL	32202
	202
(b) DLAN HOGA-N Enter name of NEW Registered Agent and/or NEW Registered Offi	ice address:
The finds of the first of the f	JG 28
952 CAMPBELL AVE	₹Æ TT
NEW Registered Office Address:	
LAKE WALES ,FL	33653
If the limited liability company is not organized under the laws o	of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liability	ity company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the the articles of organization or the operating agreement of the lim	
	DYLAN HOGAN  Printed or typed name of signee
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided for merely reflect a change in the registered office address, I here notified in writing of this change.	o act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept r in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been

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

Signature of Registered Agent